STUDENT'S NAME:	CLASS:
the school to seek on my behalf, the nece	ess and I cannot be contacted, I give permission for essary medical attention that may be required for my ort. (The school has Ambulance coverage)
SIGNED:Parent/Guardian	DATE
MEDICARE NO:	
Child Protection I give permission for my child Protection Lessons given by their class te contact the principal).	to participate in Child acher. (If you would like further information please
SIGNED: Parent/Guardian	DATE
•	when teachers wish to take children on a short ark, post office or recreation ground. These rm of transport.
SIGNED Parent/Guardian	DATE

Sun Protection Policy I agree to provide a hat and sunscreen for my child to wear to school each day in accordance with the Ulong P.S. "No Hat, No Play". (The lunch area is the designated shade area).		
Publication of student's work and/or	· photographs	
In recognition of a student's achievement and/or activities, a child's name and/or photograph may addresses are never included in published mate	be published. Personal details and/or	
I give permission for my child/renname and / or photograph published in weekly newspapers and the school's website, Annual Sprinted by the DEC.	newsletters, Mountain Alive Newsletter, local	
SIGNED: Parent/Guardian	DATE:	
Internet and Email Access		
Every student in NSW is given their own individed Department of Education's Secure Internet Brown to activate their email address or utilise the Department to the Principal, withdrawing your permission access at school.	wsing Service. If you do not wish your child partment's internet browser, please respond in	

Head Lice

In an effort to contain the spread of head lice, in the event of an outbreak, students' hair is checked for the presence of lice and parents informed so that preventative measures can be taken. If you do not wish your child's hair to be checked, please forward a hand written note to your child's class teacher.