



GENERAL CONSENT FORM

STUDENT NAME: _____

DATE: _____

Please read each section, tick the box that applies and sign and date where indicated below.
When complete, please RETURN TO YOUR HOMEGROUP TEACHER for processing.

PERMISSION TO ACT IN THE EVENT OF A MEDICAL EMERGENCY

I give permission for the school to take the appropriate action (including calling an ambulance if necessary) in the event of a medical emergency.

Yes

No

PERMISSION TO USE MHS COMPUTER NETWORK AND THE INTERNET

I give permission for my child to use the Internet in accordance with the Computer Use Agreement.

Yes

No

PERMISSION TO BE PHOTOGRAPHED

I give permission for my child to be photographed (by still or video camera) whilst attending Millicent High School. I understand photos may be used for promotional purposes and appear on/in the school newsletter, MHS Website, MHS Facebook Page, local newspaper and other media related documents.

Yes

No

PERMISSION TO PARTICIPATE IN EXCURSIONS WITHIN TOWN LIMITS

I consent to my child taking part in local excursions during the school year for educational purposes, when no costs are incurred (eg. trip to the art gallery). Parents will be notified in advance of the local excursion where possible. All other excursions and camps will be covered by individual consent forms.

Yes

No

SCHOOL YARD SUPERVISION

I understand that the schoolyard is supervised from 8.20am - 3.40pm (Monday - Friday) and that the school cannot accept any responsibility for children in the yard outside of these times.

Yes

No

PERMISSION TO PARTICIPATE IN THE PASTORAL CARE PROGRAM

I give permission for my child to participate in events run by the Millicent High School Pastoral Care Worker. I understand that any such events that have a religious focus will have a separate consent before the event.

Yes

No

Student Name: _____

YEAR LEVEL / HG: _____

Name of Parent/Caregiver completing this form: _____

Relationship to child (eg. mother, grandmother etc): _____

I understand that this form gives General Consent for my child for the duration of their schooling at MHS.

I agree to inform the school if any changes occur.

Parent/Caregiver Signature: _____

Date: _____

