

# Face to Face Consent/Medical Form

Updated May 2018

As a parent / guardian of \_\_\_\_\_ I give permission for her/him to attend Stand Up Tall Sessions to be held at Marden Campus OAC on 23 August 2019 with other students and teachers.

School Card Holder (Yes/No): \_\_\_\_\_

Other details: \_\_\_\_\_

If a student chooses to behave inappropriately they may be asked to leave early. In this event you will be contacted immediately.

## Medical Conditions

**Note:** If you answer 'yes' to any section, you may be asked to complete a separate health care plan that outlines action in the event of an emergency.

	YES/NO		YES/NO
Epilepsy		Respiratory disorder	
Periodic loss of consciousness		Allergies (eg antibiotics, insect stings etc)	
Heart condition		Diabetes	
Ear disorder		Is your child currently taking medication?	

Special instructions (including medication) and any other relevant medical information.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Person to contact in an emergency if we can't contact you:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

I authorise the teachers and instructors to obtain medical assistance which they believe to be necessary should an accident or illness occur.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent/Guardian (typed name acceptable as e-signature)*



# Student Media Consent Form 2019

Please select **one** of the following:

- I give permission for any school work, photos, video, and audio of the named student to be published:
  - In printed materials for internal or marketing purposes,
  - On the Open Access College website,
  - In the newsletter (published online and emailed to the Open Access College community),
  - On the Open Access College Facebook page.
- Additionally, I give permission for approved guests to observe lessons involving the student.
- I understand the student's first name may be published.

**I do not grant permission** for any work, photos, video or audio to be published in any form.  
\*\*Please note the student will not be able to pose for group photos at school events.

## Please note:

- Additional written consent by the parent/guardian must be obtained to publish full names of students.
- This form applies to all materials published in 2019. These materials may stay in publication beyond 2019.

## Student details:

Full name: \_\_\_\_\_

School: \_\_\_\_\_

Contact phone/email: \_\_\_\_\_

Signature (student): \_\_\_\_\_ Date: \_\_\_\_\_  
*Typed name is acceptable as e-signature*

Permission granted for specific event: \_\_\_\_\_

## Please complete if student is under 18:

Parent/guardian name/s: \_\_\_\_\_  
*Both parents where possible*

Parent/guardian signature/s: \_\_\_\_\_  
*Typed name is acceptable as e-signature*

Is the student under Guardianship of the Minister?      Yes      No