Local School Excursion Permission

I hereby give permission for my child, _____, to participate in local excursions which do not require transport, but involve the children leaving the school grounds to walk to a particular local venue, for the duration of their schooling at Windsor Primary School, providing a teacher is in charge and all reasonable care is taken.
I agree that, in the event of an accident or illness during any such excursion, if I cannot be contacted, the teacher in charge has permission to obtain such medical assistance as considered necessary for my child. I will accept responsibility for any cost involved. I note an excursion includes any teacher-supervised activity outside the school grounds.
I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the school in writing.

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ **Dated** ___/___/____

Photographing, Filming and Recording Students at Windsor Primary School Consent Form

I consent to Windsor Primary School collecting photos, video or recordings of my child _____ during their time at the school, and using these photos, video or recordings in the following ways.

Indicate your consent for the options below by circling Yes or No:

Yes/No - photographed/video/recordings for display in classrooms and noticeboard

Yes/No - photographed/video/recordings for school's communication tools, Compass, Dojo and other school tools

Yes/No - photographed/video/recordings in a school activity by the school for use on the school's website and newsletter (which is publicly available on the website).

Yes/No - photographed/video/recordings in a school activity by the school for use on the school's social media accounts (eg: Facebook, Instragram)

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the school in writing.

Further information on the use of photos, video and recordings of students is available in our Photographing, Filming and Recording Students Policy which is available on our website www.windsorps.vic.edu.au.

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ **Dated** ___/___/____