Dear Parents/Caregivers,

Please find attached various permission forms that are required by the school throughout the year.

We ask you to complete each form and return all forms, still stapled together, to the school **as soon as possible**.

These permission forms will remain in force throughout the year or until such time as your child leaves Ringrose or personal information needs to be updated, in which case please inform the School Office.

Thank you,

Mr Loughhead
Principal
Parent/Caregiver Contact Information

Child’s Name: _____________________________ Class: _______ DOB: ____________

Correspondence Address: __________________________________________________________

_____________________________________________________________________________

Phone Numbers: (CUSTODIAL PARENTS INFORMATION ONLY i.e. PARENTS LIVING WITH CHILD)

Mother’s Name: ___________________________ Work Tel: _______________ Mobile: ____________

Father’s Name: ___________________________ Work Tel: _______________ Mobile: ____________

Home Tel: _______________________________ Email Address: __________________________

Are there any custodial arrangements/court orders that the school needs to be made
aware of? □ NO □ YES If yes, please provide the school with all necessary
information and documentation.

Emergency Contacts

1) Emergency Contact Name: ___________________________ Phone Number: ______________________

2) Emergency Contact Name: ___________________________ Phone Number: ______________________

In case of emergency, do we have permission to:

Seek Medical Attention □ NO □ YES

Call an ambulance □ NO □ YES

Medicare Number: ___________________________

Is there any medical information that the school needs to be aware of? □ NO □ YES

If yes, please provide further information on the attached medical information form.

Privacy Notice: the information provided by you is being obtained for the purpose of updating our records. Provision of the information is voluntary and will be stored securely. You may correct any personal information provided at any time by contacting the school.

Signed: ________________________________________ Date: ______________________

Parent/Caregiver
RINGROSE PUBLIC SCHOOL
EXCURSION HEALTH INFORMATION SHEET

Privacy - advice
The information provided on this form is being obtained for the purpose of all excursions and events. It will be used by Ringrose P.S. only for emergency information on the excursion or event. If there are any changes to your child's medical information throughout the year please contact the office to update the information A.S.A.P.

Medical Information Form

Provision of this information is required for your child to attend the excursion.

You may correct any personal information provided at any time by contacting The School Office

<table>
<thead>
<tr>
<th>Student name:</th>
<th>Class:</th>
</tr>
</thead>
</table>

Parent or Caregiver contact details

Name: ..............................................................................................................

Home phone: ........................................ Work: ........................................ Mobile: ........................................

Doctor contact details

Name: ..............................................................................................................

Doctor's telephone: 1. ........................................ 2. ........................................

Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)

1. Name: .............................................................................................................. Phone: ........................................

2. Name: .............................................................................................................. Phone: ........................................

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the symptoms for each.

Outeline special dietary needs, including possible reaction to inappropriate diet

Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions

Signature: ........................................ Date: ........................................
PERMISSION LETTER FOR PUBLICATION OF STUDENTS’ WORK OR PHOTOGRAPHS

Dear Parent/Caregiver,

I am writing to request your permission for use of work samples/photographs of your child taken during school activities. If photographs are used they would be for the purpose of educating students i.e. creating slideshows, promoting the school, or promoting public education. I am seeking your permission for the school to publish photographs and/or samples of your child’s work.

If you give your permission, the school may publish photographs of your child and/or samples of work done by your child in a variety of ways. The publications could include school newsletters (online and in hard copy), whole school annual photo for website, and the making of ‘year’ CDs and DVDs.

If you sign the below form it means that you agree to the following:

1. The school is able to publish photographs of your child and samples of your child’s work as many times as it requires in the ways mentioned above.
2. Your child’s photograph may be reproduced either in colour or black and white, for display in the foyer, in newsletters or on the school website.
3. The school will not use your child’s photograph or samples of your child’s work for any purpose other than for the education of students, or for the general promotion of our school and public education.

Any photographs taken by the school will be kept for no longer than is necessary for the above-mentioned purposes and will be stored and disposed of securely.

Whilst every effort will be made to protect the identity of your child, the Department of Education and Communities cannot guarantee that your child will not be able to be identified from the photograph or work.

If you agree to permit the school to take photographs of your child, and to publish photographs of your child, or samples of your child’s work, in the manner detailed above, please complete the consent form below and return it to the school as soon as possible.

This consent, if signed, will remain effective until such time as you advised the school otherwise.

Mr Loughhead
(Principal)

CONSENT FROM FOR PUBLICATION OF STUDENTS’ WORK OR PHOTOGRAPHS

I agree, subject to the conditions set out above, to the taking of photographs of my child during school activities, to be used by the school in educating students and promoting the school and public education. I also agree to the publication of photographs or samples of work of my child. I will notify the school if I decide to withdraw this consent.

Student’s Name: ___________________________ Class: ___________________________

Signature of Parent/Caregiver: ___________________________ Date: ____________

Signature of student: ___________________________ Date: ____________
Dear Parents / Caregivers,

It is a requirement of the Department of Education and Communities that schools have up-to-date health information on all students. This is so that appropriate action can be taken at school should a medical circumstance occur involving your child.

Would you please complete the form below stating all current health matters e.g. asthma, allergies etc. concerning your child and return it to school as soon as possible.

When we are made aware of any medical condition your child may have we shall issue further forms for you to complete for our action plan.

The form below MUST BE RETURNED to the school office, whether or not your child has a medical condition.

Thank you.

______________________________

PLEASE RETURN THIS FORM COMPLETED

Child's Name: ___________________________  Class: _______________

☐ Medical Condition:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

OR

☐ I am not aware of any existing medical condition for my child.

Signed ___________________________  Date _______________

Parent / Caregiver

Privacy Notice
The information provided by you is being obtained for the purpose of medical instructions to our administrative staff. It will only be used for this purpose and will not be provided to anyone other person/agency. Provision of this information is voluntary.
Internet Policy

The Internet
The NSW Department of Education & Communities has provided Ringrose Public School with access to
the Internet and a personal email address for every student. This Internet access is provided within a
secure browsing environment. Internet and email access is for educational purposes. That is, it will
enhance student learning by providing access to a wide range of up to date resources and as a means of
communicating with others.

Aims of the Internet and Email
Use of the Internet and email will:
- Enhance learning opportunities in all Key Learning Areas
- Improve students' information and communication skills
- Develop the skills, knowledge and attitudes that allow students to determine the validity and
  safety of the information they find.

Rules & Responsibility
Students are responsible for behaving appropriately on the Internet. Acceptable school behaviour should
always be observed.

Due to the existence of inappropriate and offensive material on the Internet, all student use is to be
conducted under staff supervision. However, staff members are not expected to monitor each student at
every moment. Students must also take responsibility for making sure they use the Internet in a responsible
way.

Each student is personally responsible for his/her actions when using the Internet.
Teachers must be advised immediately of any site that is offensive or controversial so steps can be taken
to stop access.
A list of the following rules for using the Internet will be displayed near all networked computers. Students
who don’t follow the rules will lose their access.

1. Only access the sites that have been approved by the school and the Department of Education.
2. Only use the Internet with teacher permission.
3. Use first names only on the World Wide Web and in e-mail communications.
4. Do not give out any detail that may reveal your location or identity to people you do not know.
5. Do not reveal your or any other student's personal address, phone number or any other personal
detail.
6. Be polite and use appropriate language when using e-mail.
7. Take care of all computer equipment.
8. Obey copyright laws.

Licence Skills
In order for a student to be eligible for an Internet licence they must be able to do the following:
- Demonstrate responsible behaviour and a sensible attitude that allows supervised independent
  access to the Internet or e-mail.
- Understands the Internet policy and its implications.

Before students have access to the Internet they must be familiar with this policy and the Internet rules and
have an Internet User’s Agreement statement signed by themselves, a parent and their teacher. A list of
students who are permitted to use the Internet will be made available to all teachers.
Consequences for breach of rules

Breach of Rule 1:
Intentional accessing of sites with inappropriate content may result in:
- Referral to the Principal who may then contact the student’s parents.
- Up to one term exclusion from Internet use at school.

Breach of Rules 2 to 8:
- The student’s name and the offence noted and warning will be given by the staff member.
- In the event of a repetition of the offence, the matter will be referred to a member of the school executive for further action.

INTERNET USER’S AGREEMENT Years K-6

Using the Internet: Years K-6

When using the Internet I will:

- Follow all school rules
- Say No - to using the computer to find, read or send anything rude, scary or unkind
- Go - to a responsible adult if I do find anything that is rude, scary or unkind
- Tell - a responsible adult about anything I see on the Internet or in email that makes me feel uncomfortable
- Use only my first name
- Make sure I have a teacher’s permission and only log onto the Internet if there is a teacher present
- Always take care of computer equipment

I agree to follow the above rules and am aware that breaking them may result in the loss of my privilege to use the Internet.

Student’s signature: ______________________________ (or printed name if in Kindergarten)

Teacher’s signature: ______________________________

I have read and discussed these guidelines with my child.

Parent’s signature: ______________________________

Date: ______________________________
Child Protection Lessons

Dear Parents and Caregivers,

This year we will be teaching Child Protection Lessons. As part of the Physical Development, Health and Physical Education Syllabus all schools teach these lessons. The lessons are designed to empower students and provide them with the skills to protect themselves.

The lessons have continuing themes from Kindergarten to Year 6. Please note, the content of the lessons varies as the students get older. (see attachment)

All lessons are prepared and distributed by the Department of Education and Communities and the presentation of each lesson is scripted. The teacher is given a detailed lesson plan, scenarios, activities and discussion questions.

As the lessons may generate some discussion with parents at home, the scope and sequence of the lessons is attached which indicate the topics that will be covered. Parents may notice that the lessons are on a two year cycle and as this is an odd year, we will continue the lessons on the odd years scope and sequence. The lessons are handled sensitively and parents do have the right to ask for their child to be withdrawn during these lessons.

I am requesting that parents complete the permission note below and return their child’s signed permission slip to school.

Yours sincerely,

Mr Loughhead
Principal

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Child Protection Lessons 2015

I **DO / DO NOT** (please circle) give permission for my child / ward _____________________________ of class __________ to participate in Child Protection Lessons conducted at Ringrose Public School during 2015.

- I have seen the outline of the lessons that will be presented.

_________________________ __________________________
Signed Date
# Child Protection Syllabus Units Scope and Sequence

## Even Years

<table>
<thead>
<tr>
<th>Theme</th>
<th>Early Stage 1 Focus Areas</th>
<th>Stage 1 Focus Areas</th>
<th>Stage 2 Focus Areas</th>
<th>Stage 3 Focus Areas</th>
</tr>
</thead>
</table>
| **Recognising Abuse**  | ✷ Protection  
                      ✷ Body parts  
                      ✷ YES and NO Feelings  
                      ✷ Warning signals  
                      ✷ Safe and unsafe situations  
                      ✷ Touching                                                  | ✷ Protection  
                      ✷ Body parts  
                      ✷ Comfortable and uncomfortable feelings                               | ✷ Protection  
                      ✷ Body parts  
                      ✷ Feelings and warning signals  
                                                                        | ✷ Protection  
                      ✷ Body parts  
                      ✷ Emotional abuse and neglect and effects                             |
| **Power In Relationships** | ✷ Relationships  
                      ✷ Trust  
                      ✷ Rights and responsibilities  
                      ✷ Wanted and unwanted touching                                      | ✷ Relationships  
                      ✷ Rights and responsibilities  
                      ✷ Caring for others                                                 | ✷ Relationships  
                      ✷ Bullying Trust                                                      | ✷ Different types of Expectations of gender roles  
                                                                        | ✷ Personal rights  
                                                                        | ✷ Rights and responsibilities                                      |
| **Protective Strategies** | ✷ Safety Strategies: NO GO TELL Networks  
                      ✷ Standing strong – saying NO  
                      ✷ Prepared to GO  
                      ✷ Happy and unhappy secrets  
                      ✷ Telling – persistence  
                      ✷ My strategies                                                      | ✷ Safety rules  
                      ✷ Networks Saying NO  
                      ✷ Assertiveness                                                       | ✷ Safety strategies: NO GO TELL  
                                                                        | ✷ NO GO TELL  
                                                                        | ✷ Networks  
                                                                        | ✷ Using personal networks  
                                                                        | ✷ Planning for safety  
                                                                        | ✷ Responding to risk situations                                      |
### Odd Years

<table>
<thead>
<tr>
<th>Theme</th>
<th>Early Stage 1 Focus Areas</th>
<th>Stage 1 Focus Areas</th>
<th>Stage 2 Focus Areas</th>
<th>Stage 3 Focus Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recognising Abuse</strong></td>
<td>♦ Protection  Body parts  ♦ YES and NO Feelings  ♦ Warning signals  ♦ Safe and unsafe situations  ♦ Touching</td>
<td>♦ Warning signals  ♦ Safe and unsafe situations  ♦ Kinds of touch</td>
<td>♦ Identifying safe and unsafe situations  ♦ Physical abuse and effects  ♦ Sexual abuse and effects</td>
<td>♦ Indicators of risk  ♦ Identifying risk situations, people and places  ♦ Physical abuse and sexual abuse and effects</td>
</tr>
<tr>
<td><strong>Power In Relationships</strong></td>
<td>♦ Relationships  ♦ Trust  ♦ Rights and responsibilities  ♦ Wanted and unwanted touching</td>
<td>♦ Privacy  ♦ Wanted and unwanted touch  ♦ Unwanted touch – saying NO</td>
<td>♦ Rights and responsibilities  ♦ Abuse of power  ♦ Bribes and Threats</td>
<td>♦ Sources of power and abuse of power  ♦ Coercion  ♦ Harassment</td>
</tr>
<tr>
<td><strong>Protective Strategies</strong></td>
<td>♦ Safety Strategies: NO GO TELL  ♦ Networks (Standing strong – saying NO  ♦ Prepared to GO  ♦ Happy and unhappy secrets  ♦ Telling – persistence  ♦ My strategies</td>
<td>♦ Prepared to GO  ♦ Happy and unhappy secrets  ♦ Telling – persistence  ♦ My strategies</td>
<td>♦ NO GO – other strategies  ♦ Secrets  ♦ Skills for Telling  ♦ Seeking help</td>
<td>♦ Talking about it  ♦ Community support  ♦ My strategies</td>
</tr>
</tbody>
</table>

(Page references are to the N.S.W Department of Education & Training syllabus document, “Child Protection Education: Curriculum materials to support teaching and learning in Personal Development, Health and Physical Education”, as appropriate for each of stage.)