

Name of Student: \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_

### **MEDIA CONSENT**

Geckos German Community School is seeking your permission to use media (photo, video, audio) and your child's work samples (e.g. drawings, written words, paintings) in which you or your child/children appear for teaching, learning and promotional purposes.

By completing this section you are give your consent to the German Community School of Melbourne;

#### **CONSENT**

I, the undersigned person, give consent to Geckos German Community School to make use and/or retain photos, videos, audio or any other form of electronic recordings that may identify me, my child or an individual for whom I have authorized decision-making responsibility.

I also give consent to Geckos German Community School to make use and/or retain my child's work samples.

Consent may be withdrawn or modified at any time in writing to the secretary of Geckos German Community School

- by email to secretary@geckos.org.au
  - by mail to The Secretary, Geckos German Community School, 5A Carrington Rd, Reservoir VIC 3073
- CONDITIONS/LIMITATIONS**

If you have any restrictions you want to apply to the use of your personal information, please list below (e.g. cultural considerations, usage restrictions, expiry of consent, etc):

Media/child's work samples can only be used in print (e.g. newsletters)

Media/child's work samples can only be used for online purposes (e.g. web page, facebook)

Media/child's work samples can be used in print AND online

Other restrictions: \_\_\_\_\_ .

Undertakings I understand that by giving consent, the Geckos German Community School can use the image/s to promote their purpose.

Geckos German Community School may reproduce the image/s in any form, in whole or in part, and distribute the works by any medium including the Internet, CD-ROM or other multimedia.

I understand that Geckos German Community School: •will not pay me for giving this consent or for the use of my image/s;

- may keep the image/s on record until I revoke my consent;
- will return or destroy images if I withdraw this consent, with the exception of those already published;
- may use the image in the future, unless I specify limitations for its use;
- will not infringe the rights of any third party by exercising its rights given in this consent.

Parent name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_

### **MEDICAL CONSENT**

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school;

I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (tick those which apply)

Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner

Administer such first aid as the Principal or staff member may judge to be reasonably necessary

Parent name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_