

GENERAL PERMISSION SLIP - One per family



(Please insert your children's names).....

If the opportunity arises, I / we, (as parents / caregivers) give permission and support for my child;

<ul style="list-style-type: none"> To be referred to the Health Services for any or all of the following: <ul style="list-style-type: none"> Speech Language Therapy involvement Social Workers in Schools (SWiS) involvement Public Health Nurse / Public Health Team Hearing and vision assessments Resource teacher: Learning and Behaviour (RTLb) Resource teacher: Literacy (RT:Lit) <p><i>Parents/caregivers will be notified if their child is referred for Health Services.</i></p>	YES / NO YES / NO YES / NO YES / NO YES / NO YES / NO
<ul style="list-style-type: none"> To be involved in class trips within the general Taumarunui area and during school hours (Separate permission slips will be required for all trips either outside the Taumarunui area or outside school hours) Has permission to travel by private vehicle, pre approved by the school, for trips within the general Taumarunui area during school hours 	YES / NO YES / NO
<ul style="list-style-type: none"> To attend Keeping Ourselves Safe and other New Zealand Police programmes. 	YES / NO
<ul style="list-style-type: none"> I / We understand that I / we may be responsible for any medical costs in relation to my child(ren), should the need arise, while on school excursions. 	YES / NO
<ul style="list-style-type: none"> I / We fully support the Classroom / School AROHA Plan. 	YES / NO
<ul style="list-style-type: none"> I / We give permission for our child(ren), if selected, to represent the school in sporting and/or academic events in which the school is competing. <p><i>These events may be held outside the Taumarunui area and outside school hours - e.g. inter-school cross-country, Netball tournaments, school quiz, choir, productions, etc.</i></p>	YES / NO
<ul style="list-style-type: none"> I / We understand that if it is noticed that our child has Head Lice we will be informed and will collect our child from school. We agree to keep them at home until they have been treated. 	YES / NO
<ul style="list-style-type: none"> I / We agree to the publication of my / our child's photograph in the; <ul style="list-style-type: none"> school newsletter local paper (with regard to the school) classroom SeeSaw Journals Turaki School Facebook page I / We agree to the videoing of my / our child for evidence of student learning, staff appraisal or as part of school activities or events. 	YES / NO YES / NO YES / NO YES / NO YES / NO

HEALTH INFORMATION	
Please note any health problem(s) and the appropriate medication, which may affect your child.	
Condition	Medication
Updating of Contact Details - This must be completed Caregiver(s) Address: Home Phone Work Phone Cell Phone Email Emergency Contact (not the same as above) Name Number	

ACKNOWLEDGEMENT OF PERMISSION SLIP

Unless otherwise notified, this Permission Slip will remain current until Term 2 of the 2026 school year.

To ensure your child's involvement, please sign below and return to school.

Parent / Caregiver

Date