Thank you for taking the time to update your student's information. We understand that the information you have provided is confidential and will be treated as such.

I certify that the information contained within this form is correct.

Signature of Parent/Guardian: _____ Date: _____ / _____ / _____

AUTHORITY TO PROVIDE MEDICAL ATTENTION

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: (cross out any unacceptable statement)
- 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.

I also give permission for my son/daughter to attend local excursions.

Signature of Parent/Guardian: _____ Date: _____ / _____ / _____

AUTHORITY TO USE PHOTOGRAPHIC/VIDEO IMAGES

I agree to and provide permission for the photographic, video, audio or any other form of electronic recording of my child for and on behalf of Greater Secondary Shepparton College. This may mean inclusions in newsletters, newspaper articles, TV or the school website.

I agree to and provided permission for my child's photo to be used on Compass.

If at any time a parent/guardian wishes to withdraw permission, it is the responsibility of the parent/guardian, to contact the college.

I acknowledge and agree that ownership of any photographic, video, audio or any other form of electronic recording will be retained by the school. (Department of Education and Training).

I authorise the use or reproduction of any recording referred to above for any reasonable purpose within the discretion of the Department of Education and Training without acknowledgment and without being entitled to remuneration or compensation.

Signature of Parent/Guardian: _____ Date: _____ / _____ / _____