



## PERMISSIONS

Circle

Are you happy for your child to see the Dental Therapist? Yes No

Are you happy to have the Public Health Nurse see your child? Yes No

Are you happy to have the school administer sunscreen and basic first aid to your child? Yes No

Are you happy for your name and phone number to go into the School List for the Parents Association and the Board of Trustees to contact you? Yes No

Does your child have your permission to go on walks around the local school environment with the class and the teacher, looking at items of interest? E.g. autumn colours, road rules etc. Yes No

I accept responsibility for any expenses incurred in obtaining treatment for this child in an emergency situation. Yes No

I am happy for my child to use the school filtered internet and e-mail as a tool for their learning while they attend Lynmore School. Yes No

Are you happy for your child's photograph or artwork to be used on the School Website? Yes No

I am happy for my child to receive Milk in class Yes No

Has your child had Chicken Pox? Yes No

How would you like to see the School Newsletter? Please tick which option

- Email
- School App
- School Website