



Blackwood Special Schools Outdoor Education Centre

Post Office, Blackwood, Victoria, 3458, Australia
Phone: (03) 5368 6768 Fax: (03) 5368 6835
E-mail: blackwood.specialschools.oec@education.vic.gov.au
Internet: www.blackwoodssoec.vic.edu.au



Campus of:- **Frankston Special Developmental School**
Member of:- **Residential Outdoor Schools Association (ROSA)**

Parent/Guardian Consent Form

Student's Full Name: _____

School: _____

I agree to my child/ward's attendance at the Blackwood Outdoor Specialist School during the week beginning -

_____/_____/_____

Parent/Guardian Consent – please circle as appropriate:

The information about your child/ward collected through this Consent Form will only be shared with school staff who need to know to enable our school to educate or support your child/ward, or, to fulfil legal obligations including duty of care, anti-discrimination law and occupational health and safety law. The information collected will not be disclosed beyond the Department of Education without your consent, unless such disclosure is lawful.

The collection and use of the students personally identifiable information via consent forms is done in accordance with the Privacy and Data Protection Act 2014.

I consent to my child/ward being photographed and/or visual images of my child/ward being taken whilst at Blackwood Special School Outdoor Education Centre. I also consent to these photos being used for use in the school's publications, the school's social media accounts and the school's website, for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I agree to my child/ward using the internet and computer network at Blackwood Special Schools Outdoor Education Centre in accordance with the same internet student user's agreement that applies at their current school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I also agree to him/her taking part in any excursion or activities arranged for students in connection with the school program. I understand the program contains potentially hazardous activities in remote areas subject to natural hazards and severe weather.

I will notify the school if my child/ward is in contact with any infectious disease within four weeks of departure date. In the event of any illness or accident, where it is impracticable to communicate with me, I authorise the teacher in charge to consent to my child/ward receiving such medical or surgical treatment as may be deemed necessary. I accept responsibility for payment of any expenses thus incurred. In the event of my child/ward being unable to accompany the rest of the group home due to ill health or accident I will make the necessary arrangements in liaising with the School Principal for their return.

Should my child/ward violate the rules of the school to the extent that the teacher in charge in consultation with the Principal of Blackwood Special Schools Outdoor Education Centre considers that he/she should be sent home, I agree to organise this withdrawal and fully cover the transport costs involved in this process.

Parent/Guardian's Full Name (please print) _____

Parent/Guardian's Signature _____

Date:- ____/____/____

A destination for exploration

