



FORM B

CONSENT FORM AND DATA COLLECTION

To be completed with Form A (Enrolment Form) at the time of enrolment. Consents remain in place for the period of enrolment. Parents/carers can contact the school at any time to alter consent.

MEDICAL CONSENT FORM

I/We (circle) _____ and _____ of _____

Parent / Carer

Parent / Carer

Address

Give my/our consent to _____ receiving necessary medical and / or dental treatment and

Student Name

for an anaesthetic to be administered and for any surgical procedure to be performed should such treatment become critical.

I / We undertake to pay medical fees and/or cost of medication which may be incurred whilst medical assistance is provided to my/our child. I / We understand that this consent will only be used when I / we cannot be reached.

Parent / Carer 1

Signature

Name

Relationship to student

Parent / Carer 2

Signature

Name

Relationship to student

CONSENT FORM: PHOTOGRAPH, VIDEO, AUDIO AND WORKS

During the year, your child may create materials (Works) or may be photographed or filmed for our school publications, website and/or social media, or other print or electronic media (including third party websites).

Consent does not apply to the provision of official school photographs that will be utilised for internal administrative purposes such as student identification cards, library loan card and the like.

Student's name

Year level

Please complete the form below and return to the school office:

1. I give permission for my child's name, photographs, voice (audio), image (video) and Works to be published in hard copy and digital form on Yeshiva website.
2. I acknowledge that the use of my child's Works is an authorised use of the Works under the Copyright Act, 1968
3. I understand and agree that any photograph/video or other images of my child may be publicly displayed or disclosed to third parties (e.g. in or on a school, Annual Report or website or publication).
4. I understand that reasonable efforts will be made to protect the identity of my child unless the use of the student's name is necessary e.g. photo captions, school news and reproduction of Works, etc
5. In signing this form I acknowledge that I am not aware of any Court Orders or other reasons why my child's image or name should not be published.



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Parent/Carer 1

I DO give consent OR I DO NOT give consent

Signature

Name

Date

Parent/Carer 2

I DO give consent OR I DO NOT give

Signature

Name

Date

NATIONAL DATA COLLECTION FORM

The Commonwealth Government requires Yeshiva to collect this information for the purpose of accountability and reporting, research and analysis, and resource allocation.

If you need help with this form please telephone the school administration office

Name of student

First name

Last name

Home address of student

No. and street

Suburb

Post code

Information collected in this form is covered by Yeshiva Privacy Policy. You may access these on our website or obtain from school administration.

Thank you for your time. Please return this form to the school with the Enrolment Form (Form A)