



HENRY KENDALL HIGH SCHOOL

P-TECH Program Consent 2021

Please return this note to Mrs Cortaville-Smith

I hereby consent to _____ (*student's name*) in Year ____ participating in the P-TECH program at Henry Kendall High School and to attend the Program Celebration, date to be advised.

.....
Parent/Caregiver Name (*Please print*) Parent/Caregiver Signature Date

Is your child Anaphylactic

- No
- Yes

Allergic to: _____

Where will the EpiPen be located on this excursion: _____

Special needs of my child of which you should be aware (e.g., allergies, medication – please provide full details):

Parent/Caregiver Contact No(s):

Student's Mobile No:

Photography, Footage and Media Consent

Henry Kendall High School staff may be taking photographs and video footage while students are participating in the activities which are a part of the P-TECH program.

Your permission is required for:

Your child's photographs and footage to be used for Facebook, the school website, newsletter and promotional material for further events both online and offline channels.

Your child's name to be published within our social media channels.

Please sign the form below to indicate your authorisation regarding photography, video footage and the publication of your child's name.

I authorise staff from Henry Kendall High School to take photographs and footage of my child.

I authorise the use of the above-mentioned photographs/footage and the publication of my child's name for promotion of the P-TECH program.

.....
Parent/Caregiver Name (*Please print*) Parent/Caregiver Signature Date