

Telephone: 02 9670 1408 Facsimile: 02 9834 3869 e-mail: clairgate-p.school@det.nsw.edu.au

General Consent Form

Colorado Drive ST CLAIR NSW 2759

www.clairgate-p.schools.nsw.edu.au

Please note this permission slip will be filed in your child's Student Record Card and <u>will remain current for the time he/she is</u> <u>enrolled at Clairgate Public School.</u>

Child's full name	Date	Year level
	0410	/ our 10/01

Child Protection Lessons

As part of the Personal Development/Health/Physical Education curriculum, all children will participate in Child Protection lessons. These lessons help children identify dangerous or uncomfortable situations and ways to seek help from trustworthy adults. Some lessons may involve the naming of parts of the body. The Child Protection lessons have been developed by the NSW Department of Education and Training and they are an important priority for schools.

I give permission for my child to participate in Child Protection lessons.

Parent signature _____

Date _____

Ι