

1 Canterbury Street, Clunes Vic. 3370 Telephone (03) 5345 3182 Fax (03) 5345 3555 Email: clunes.ps@edumail.vic.gov.au

Clunes Primary School – Agreement

This agreement is valid for the length of time the student is enrolled at Clunes Primary School.

	STUDENT'S NAME:
	DATE: GRADE:
1. USE	OF CLASS SETS / LIBRARY BOOKS
	of my child damaging or losing a School text / library book, I will replace the book or reimburse the ne required amount.
Signed	(Parent/Guardian)
2. BRC	OAD BRIMMED/BUCKET HATS
_	${\bf 1}$ and Term 4 students must wear broad brimmed hats when outside. I understand that if I don't wear be requested to stay in the shade.
Signed	(Student)
I have discus	ssed these guidelines with my child.
Signed	(Parent/Guardian)
3. SUN	ISCREEN
l give mv ne	rmission for Sunscreen to be applied to my child in the event of students going on a local excursion or
	ent and they do not already have sunscreen applied.
Signed	(Parent/Guardian)

4. SCHOOL INJURIES AND INSURANCE

In the event of your child injuring themselves at school the following process will take place. Basic first aid will be administered. If required parents or emergency contacts will be contacted. Parents and guardians are generally responsible for paying the cost of medical treatment for injured students, including transport costs. Most medical costs will be refundable by Medicare. If you are a member if an ambulance or health insurance fund, you may also be able to claim transport or other expenses from the fund. Please not the Clunes Primary School's First Aid Policy is available for parents to peruse at any time.

I understand it is my responsibility to cover the costs of medical	treatment for my child.

Signed......(Parent/Guardian)

5. CHANGES TO THIS AGREEMENT

I understand it is my responsibility to let the school know of any changes I may wish to make to this agreement in the future.

Signed.....(Parent/Guardian)