

Student Permission while your son/daughter is at Greenvale

Students Name:.....Date of Birth:.....

I give my permission for my child to take part in the following self care activities:

	Please circle your decision	
1. Washing and drying hair.	Yes	No
2. Bathing/Showering	Yes	No
3. All over washing	Yes	No
4. Manicuring	Yes	No
5. Shaving (male only)	Yes	No

Signature of parent or carer.....

I give permission for my child to be taken on local visits by a member of the assistant staff of Greenvale School.

Signature of parent or carer.....

I give permission for my child to take part in swimming or hydrotherapy sessions.

Signature of parent or carer.....

I give permission for my child to take part in Education visits.

Signature of parent or carer.....

Please inform us of any changes to the above.

Date of signing.....