

# DE INTERNATIONAL

## DE INTERNATIONAL SCHOOL HOLIDAYS PROGRAM PERMISSION FORM

Dear parent or carer,

Please upload this form in the [school holidays program application](#) by 6pm Wednesday 8 December 2021.

Child's name

Date of birth     /     /

Child's school

Grade

I \_\_\_\_\_ (parent/carer name), give permission for my student to participate in the following DE International school holidays program activities:

**Video making holiday program** – Weekly activities commencing Monday 13 December 2021 - Tuesday 21 January 2022 (1-2 hours per week, no activities 24 December 2021 - 3 January 2022)

**Minnamurra Rainforest walk and Kiama Blowhole** – Monday 17 January 2022, 8:30am to 5:30pm

**Ceramic workshop** – Friday 21 January 2022, 11am – 2:00pm at Hazelhurst Art Gallery – 782 Kingsway Gympie

### Medical Information

My child has the following medical conditions and care requirements (eg. diabetes – student will provide an epipen)

My child has anaphylaxis/asthma/severe allergic reactions:

If yes, please provide further information

YES     NO

Is there any other information that the supervising teachers need to know about your child?

I give permission for the supervising teachers to arrange medical assistance for my child if necessary



### Permission to Publish

I Do HEREBY AUTHORISE and permit the NSW Department of Education (the department) through its Student Support & Specialist Programs directorate, its employees or agents, to publish my child's work (the Work) submitted to the School Holidays Program, and videos or photographs taken during the School Holiday Program activities, along with their personal information including their name, school and year level, in any media format it sees fit, including print and electronic media.

I grant the department a royalty free, perpetual, exclusive and irrevocable licence to use the Work, video and photographs for whatever purpose it determines, including but not limited to the ability duplicate, alter, adapt and utilise the Work as the department wishes at anytime, anywhere, and by any means (including communicating them to the public in any media, including media not yet in existence).

The department may license, authorise or otherwise transfer the rights in the Work to others to do the same. I agree not to institute, maintain or support any claim or proceeding for infringement of my Moral Rights or Copyright in the Work against the department or any other entity to whom the department grants a licence.

I understand that participation by my child is entirely voluntary and that no payment of any kind is involved.

Agree

Parent/carer signature

Date     /     /

Parent/carer email address

Please note that places for each activity are limited. We will be in touch with your child to advise the outcome of their application and to provide detailed instructions.

*Study programs and day trips will be COVID safe and fully supervised by NSW Department of Education staff members with valid Working With Children Checks.*

If you have any questions about the activities or the information you need to provide on this form, please email Anna Antoniou at [isc@det.nsw.edu.au](mailto:isc@det.nsw.edu.au)