

# Worlds Greatest Shave SLA Event

## INFORMATION

Please complete and return the attached consent form to the by the Friday 29 August.

Dear parent/guardian,

Your child would like to participate in our Worlds Greatest Shave Event. They have volunteered to have their head shaved by a professional hairdresser at school, in front of an audience, during Periods 3 and 4 on Thursday 4th September.

This is a fundraising event and all funds raised will go towards supporting the many families challenged with Leukemia in Australia.

We are proud to support this cause and we appreciate your child being a part of this special event.



C.Riley  
Teacher



A. Lees  
Relieving Deputy Principal

# Permission Note for Worlds Greatest Shave SLA Event on Thursday 4 September 2025

Please complete and return this consent form to the office by Friday 29 August.

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## CONSENT

I hereby consent to ..... in Year ..... participation in the worlds greatest shave event and have their head shaved on Thursday 4 September 2025.

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## SPECIAL NEEDS

Special needs of my child which you should be aware (eg. allergies, medication - please provide full details)

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## MEDICAL

I give permission for my child to receive medical treatment in case of emergency. YES / NO (please circle)

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Signature of Parent/Guardian

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Name of Parent/Guardian

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Date

### Privacy Advice

The information provided on this consent form by the parent or caregiver is being obtained for the purpose of conducting a school excursion detailed above. It will be used by the NSW Department of Education for seeking consent for the child to undertake activities within this excursion activity. Provision of this information is required by law / voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the school on 9521 3244