

FORM: Authorisation to contact medical practitioner

If placed on school letterhead all requirements must be retained.



My child (student's name) _____

is currently enrolled or applying for enrolment at _____

school.

I understand that the school may need to discuss the implications of my child's medical condition so that the school can support my child during school hours and during activities conducted or sanctioned by the school.

I hereby give my permission for the school to contact my child's medical practitioner to obtain necessary information.

Medical practitioner information:

Name: _____

Address: _____

Phone: _____

Mobile (if known): _____

Email (if known): _____

Fax (if known): _____

I understand the information so disclosed may be discussed by the principal of the school with other members of the school staff, as is necessary, enabling staff to care for my child.

Parent / guardian name: _____

(Parent or person with legal responsibility for the student)

Signature: _____

Date: _____