



GENERAL PERMISSION FORM TO CONSENT TO MEDICAL ATTENTION

Student's Name:Grade.....

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school, I authorise the Principal or teacher in charge of my child, where the Principal or teacher in charge is unable to contact me, or it is otherwise impracticable to contact me to:

Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner. Administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Signature of Parent/Guardian

Name of Parent (**Please Print**)

.....Date:

