



THE CATHEDRAL COLLEGE – BOARDING MEDICAL PERMISSION

I, _____ (parent/care giver) of

_____ (student) do/do not
(please circle) authorise the Assistant Principal: Boarding to allow administration of the following medication to my daughter/son.

NB: All Boarding students/parents/care givers will be required to have a personal Chemist account to enable direct billing to your own account. There will be no “recharge” facility available and prescriptions will need to be billed to personal accounts or paid for upon filling.

The Boarding Houses have emergency supplies of the medications listed below but students are required to supply their own for more than one-off use. Please tick which medication the staff are permitted to administer to your daughter/son.

- Paracetamol
- Nurofen
- Telfast
- Naprogesic
- Cold & Flu

I understand this medication would only be administered before follow-up medical treatment would be pursued at a Doctor's surgery if required. Paracetamol would only be administered for low level pain relief.

Parent/Care Giver Signature _____ Date _____

PERMISSION FORM TO ALLOW BOARDING STAFF TO SIGN COLLEGE EXCURSIONS/SPORTS FORM ON PARENTS'/CARE GIVERS' BEHALF

I, _____ (parent/care giver) understand that my daughter/son will attend a number of College excursions and possibly be involved in some sporting activities during their schooling year. I authorise my daughter's/son's Assistant Principal: Boarding or his/her delegated supervisor to sign College excursion forms and sporting forms on my behalf.

I understand that excursion/sports activities requiring overnight stays or involving high level risk activities and/or costs will still require a parental/care giver signature.

Please tick if you give staff permission to sign for the following on excursion forms:

- Anaesthetic
- Blood Transfusions

Parent/Care Giver Signature _____ Date _____