

MEDICAL PERMISSION



Student Name:

Parent/Care Giver Name:

I _____ authorise the Assistant Principal: Boarding to allow administration of the following medication to my son/daughter. Please tick which medication Boarding is permitted to administer to your son/daughter.

Paracetamol

Naprogesic

Nurofen

Cold & Flu

Telfast

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.

NOTE: 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. Boarding has emergency supply of the medications listed below but students are required to supply their own for more than one-off use.

Parent/Care Giver Signature:

Date:

PERMISSION TO ALLOW BOARDING STAFF TO SIGN COLLEGE EXCURSION/ SPORTS FORMS ON PARENTS/CARERS BEHALF

I understand that my son/daughter will attend a number of College excursions and possibly be involved in some sporting activities during their schooling year. I authorise my son's/daughter'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: