



T A M B E L I N
INDEPENDENT SCHOOL GOULBURN

Permission for Medical Treatment

I authorise any teacher, or teacher assistant of Tambelin Independent School Inc., in the event of any accident or illness occurring at school or whilst undertaking school activities, to obtain such urgent medical assistance or treatment as required for the below named student(s).

In this event I agree to pay all such doctors', dentists', nurses', ambulance and hospital fees (other than fees and expenses recoverable by Tambelin Independent School Inc. under any policy of insurance).

Name of Student: _____ Date of Birth: ____/____/____

Name of Student: _____ Date of Birth: ____/____/____

Name of Student: _____ Date of Birth: ____/____/____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** ____/____/____

Contact Phone No. during school hours: _____

Medicare Number:

Other Health Fund: _____

Please advise of any illnesses, allergies or medical conditions of which you consider it necessary for the teacher to be aware:

Where medications are required to be administered to a child during school hours, these must be discussed with the principal teacher including written instructions from your G.P. of dose and adverse effects and how to manage these.

Alternative Emergency Contacts:

Contact One:

Name: _____

Relationship: (e.g. grandmother/friend) _____

Contact Phone No. during school hours: _____

Contact Two:

Name: _____

Relationship: (e.g. grandmother/friend) _____

Contact Phone No. during school hours: _____

'a happy learning environment'