



Authorisation to contact medical practitioner

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 under the auspices of 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.

Signed: (Parent).....

Date: