

St Joseph's Primary School, Wee Waa

PARENT'S AUTHORITY AND CONSENT

To **ST JOSEPH'S SCHOOL, TAMWORTH**
(herein after referred to as 'the school')

I (PLEASE PRINT)

Parent/legal guardian (delete as appropriate)

Of hereby
(herein after referred to as 'my child/children')

1. Consent to my child travelling on a school bus or on any form of public or private transport where such transport is deemed by the school to be necessary or desirable.
2. Consent to my child participating in all activities organised or available at school, school camps, school programs and all other outings, excursions and functions.
3. (a) Consent to the school by its servants or agents seeking such medical or dental advice on behalf of my child as it sees fit in the event of accident or illness and if in the opinion of an attending medical or dental practitioner or medical officer my child requires medical or dental attention or treatment including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation, to such medical or dental practitioner or medical officer giving such attention or treatment.
(b) Certify that the consent which I have given in paragraph (a) is valid at all times while my child is in the custody of the school including but not limited to such times as my child is at school, is present at school camps or is attending or participating in a school program, outing, excursion or function.
4. (a) Certify that my child does not to my knowledge suffer from any illness or disability which might interfere with or inhibit any medical or dental attention or treatment.
(b) Give notice that my child suffers from the following illnesses/allergies and/or takes medication which might interfere with or inhibit any medical or dental attention or treatment.

(Please give all relevant details)
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5. Certify that I understand that the school would take all reasonable care in the event of my child suffering accident or illness but that it will not be responsible for the costs of any medical or dental attention or treatment administered to my child in such event nor will it be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my child.

DATE _____

SIGNED _____
(Parent/Guardian)

In the case of an accident, please endeavour to contact the following persons:

Father Home Phone: Business: Mobile:

Mother Home Phone: Business: Mobile:

Emergency Contact other than parent.....
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My usual home address is:

Email

Name & Address of Family Doctor: