

OTONGA ROAD PRIMARY SCHOOL
PERMISSION AND MEDICAL FORM

Child's Name in full: _____ Rm _____

Name of Doctor: _____ Phone _____

1. I give permission for _____ to participate in the education outside the

classroom programme at Otonga Road Primary School.

Parents will be notified of any excursions outside the school grounds, usually by newsletter

2. I give permission for any schoolwork or photos of _____ to be used for advertising in different publications.

3. My child has completed their Hearing and Vision Before School Check. Yes/No
Any concerns? _____ Yes/No

4. I authorise the obtaining on my behalf of any medical assistance if, in the opinion of the staff, such treatment is necessary. The cost of such attention will be my responsibility.

5. _____ has the following difficulties, which may restrict his/her activities (eg asthma, sinus, sting allergies, hay fever)

6. Mild/Moderate/Severe _____

7. Medication held at school Yes/No. Medical Room/Classroom/Child's Bag

8. What treatment should be given _____

9. I understand it is my responsibility to notify the school of any changes to my child's address, phone number, custodial arrangements or health status.

Name: _____ Signed: _____
(Parent/Guardian) (Parent/Guardian)

Date: _____