

DIOCESE OF WILCANNIA-FORBES

PERMISSION/MEDICAL FORM

STUDENT'S NAME: _____

D.O.B.: _____

SCHOOL: _____

EVENT: _____

Parent/Carer's Name: _____

Home Phone No.: _____ Mobile: _____

Person/s accompanying student : _____

Medical Information (for immediate procedures)

Asthma: Yes/No (asthmatics must have medication with them at all times)

Procedure: _____

Allergy: Yes/No

Procedure: _____

Others Health Information:

Procedure: _____

EMERGENCY CONTACT

NAME: _____

Phone: Home: _____ Work: _____ Mobile: _____

Health Fund Name/Number: _____

Medicare No.: _____ Place on Card: _____

In my absence I consent to the teacher in charge providing appropriate assistance caused by injury or illness.

Signed: _____ Date: _____