



# Authorisation to contact medical practitioner

This form is to be completed by the parent.

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 son's or daughter's medical condition so that the school can consider support for him or her during school hours.

I hereby give my permission for the school to contact my son's or daughter'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: \_\_\_\_\_

Date: \_\_\_\_\_

(Parent)