

Is there any additional information teachers / supervisors should be aware of?.....

EMERGENCY CONTACT INFORMATION

PARENTS	Name :	Name :
	Address :	Address :
IF PARENTS ARE NOT AVAILABLE	Contact Number/s : (Work).....	Contact Number/s : (Work).....
	(Home)	(Home)
	(Mobile).....	(Mobile).....
	Name :	
Relationship to student.....		
Address :		
Contact Number/s : (Work)..... (Home)		
(Mobile).....		



ADMINISTRATION OF MEDICATION DURING CAMPS AND EXCURSIONS

- PLEASE FILL IN THIS SECTION IF YOU ARE SUPPLYING YOUR CHILD'S TEACHER WITH MEDICATION FOR YOUR CHILD.
- PLEASE CUT THIS SECTION OFF AND PLACE IT IN A SNAP LOCK BAG WITH THE MEDICATION THAT YOU ARE SUPPLYING.

I hereby authorise medication to be administered to my child. Details are:

DATE:.....

STUDENT'S NAME: **CLASS:**
 (Full Name)

MEDICATION:

TIMES FOR ADMINISTRATION:

DOCTOR WHO PRESCRIBED MEDICATION:

PARENT NAME:..... **PARENT'S SIGNATURE:**
 (Full Name)

PHONE NUMBERS: (H), (W)
 (Mobile)