

Permission form B: "Medical Care"

At Shearwater, minor injuries and illnesses are cared for by the staff who hold current First Aid Certificates and will administer basic first aid. Should the condition require further attention, parents will be contacted and requested to pick the child up from School. If the condition is considered urgent an appropriate medical practitioner will be consulted. Staff attending any injury will record the details in the Accident/Injury Report book kept in the Office. In order to avoid any possible disagreement over this matter, could you please make sure you have completed this release form for every child at school.

With Thanks,
Stan Stevens, Administrator

I (full name of Mother/Guardian) and
I (full name of Father/Guardian)
grant Shearwater, the Mullumbimby Steiner School, permission to give my child
/children

..... (full name)
..... (full name)
..... (full name)
..... (full name)

basic first aid assistance in case of minor injury or illness.

Should the condition require further attention, I am aware that the School will try and contact me and request the child be picked up from School.

(Please list the phone numbers where we are most likely to get a hold of you during school hours)

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However if the condition is considered urgent and/or the School has not be able to make contact with me, I am aware that an appropriate medical practitioner will be consulted, and grant permission for appropriate further care and treatment to be administered.

Date

Signatures