## Southern Adelaide and Fleurieu Secondary School Alliance Medical Release Form - 2022

STUDENT'S NAME:					
Surname			Given Name(s)		
HOME ADDRESS:		HOME PHO	NE:		
PARENT / CARER NAME	MOBILE	NO:	WORK	NO:	
PARENT / CARER NAME:	MOBILE	NO:	WORK NO: WORK NO:		
In case of injury or illness, every effort is ma an empty house without the permission of the		emergency contact person on	ı telephone number liste	d below. A child is not sent home to	
EMERGENCY CONTACT NAM	E (other than parent/carer)	RELATIONSHIP TO STUDENT PHONE NUMBER			
Staff will administer basic first aid. The schoin cases where urgent treatment is required				nearest emergency department	
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			MEDIC ALERT NO:		
FAMILY DOCTOR:	SPECIALIST( if appropriate):				
AMBULANCE COVER: YES / NO If ye	es, please provide membership no: _	DATE L	AST TETANUS IMI	MUNISATION:	
Does your child wear glasses YES / NO	contact lenses YES / NO hearing aid	YES / NO			
Provide details of any known medical/health	• ,	- ,			
MEDICAL CONDITION	MEDICA	ATION	MEDICAL EQUIP	MENT / ACTION REQUIRED	
<u>AUTHORISATION</u> : I authorise the host s	chool, on my behalf, to take what reason	able medical action is deer	med necessary.		
Signature of Parent/Carer:	S	ignature of Parent/Carer:			