



Theresa Nuzzo School
Kindergarten & Primary

Emergency Consent Form

Student/s name	
Student/s ID number	
Date of birth	
Address	
Father's name	
Father's mob:	
Mother's name	
Mother's mob:	
Home telephone no.	

Experience has shown that there are times when illness or accident may occur and immediate medical assistance is necessary. This is my permission to the Head of School or School Authority to make arrangements for qualified medical assistance to be given to my child in the event of an emergency without the necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

I / We hereby give permission to the relevant authorities to proceed with emergency medical assistance or treatment that our child may require during our absence, if and until we are temporarily unavailable.

Father/Guardian's signature _____ ID _____

Mother/Guardian's signature _____ ID _____

Date _____