



## PERMISSION TO ADMINISTER BASIC FIRST AID

NAME (first, middle, last)..... Male / Female

D.O.B. (dd/mm/yyyy)..... Grade:.....

Your child's primary physician and contact #:.....

In a medical emergency call:.....

**ALERT TO PARENTS:** If your child has a serious medical condition, it is important that you inform the School Administrators and your child's teacher(s) immediately.  
The school **must** know of any **life threatening** conditions that your child has (e.g. severe allergy with anaphylaxis, diabetes, asthma) prior to the start of school.  
In order to provide a safe and healthy environment for your child this information will be accessible to the following people: School Administrators, Teachers and Office Manager.

We offer **basic first aid** in the event of cuts, bruises, headaches, toothaches, tummy aches etc. Please check below if you give permission for the school to administer:

Children's Panadol/Cetamol

Dica/Pepto Bismol

DPH Antihistamine

DPH Elixir (Cough)

.....  
Parent's Signature

.....  
Date