



Holy Trinity School Inverell General Permission and Information Update 2021

Student Name: _____ Class: _____

Please tick and sign:

- I give permission for my child to attend local (within town boundaries) excursions, cultural activities, practical lessons, performances, community service activities, local sporting activities, swimming activities and religious celebrations at Church. Dates will be advertised in the fortnightly newsletter, social media and COMPASS
- I give permission for Holy Trinity School to seek medical treatment if needed by my child, the sharing of medical information and agree to pay the costs. Holy Trinity's medical insurance covers the cost of ambulance transportation for a child from the location of the accident to the nearest hospital. The cost of medical care and transportation from arrival at the hospital is to be paid for by the parent/carer. Every effort will be made to contact the parent/carer.
- I give permission for the school to administer Panadol if the parent/carer cannot be contacted. Every effort will be made to contact the parent/carer.
- Secondary only. I give permission for my secondary child to access Centacare counselling at Holy Trinity School.

Parent/Carer Name: _____

Signature: _____ Date: _____

Please list your current details:

Medicare Number: _____ Expiry: _____

Position on card: _____

Address:

Email:

Mobile:

Emergency Contacts:

Medical details:

If your child has a diagnosed condition, please indicate and provide a 2021 Medical Management Plan.

- Asthma
- Diabetes
- Epilepsy
- Anaphylaxis
- Other: _____

Other new or updated circumstances eg: custody guidelines