## **ROLLINS PRIMARY SCHOOL**

RESPECT, ENCOURAGEMENT, AMBITION, CONSIDERATION AND HONESTY

## **Rollins Campus**

Wolseley Grove, Bell Post Hill, 3215 Phone: 5278 3022 Fax: 5272 1917

## Batesford Campus

Old Ballarat Road, Batesford, 3221 Phone: 5276 1290



Email: rollins.ps@edumail.vic.gov.au

Web: www.rollinsps.vic.edu.au

Parents: Guardians are asked to fill in the required information and sign in the appropriate places. Please return this form to the offic           1. STUDENT MEDICAL DETAILS - ALEET OFFICE TO CHANGES <ul> <li>I understand it is my responsibility to inform the school of any medication/management plans for my child to gaticitaciton to be administered at school, I will be required to call at the school office to complete a Authority To Dispense Medication Form, stating specific information and that if my child requires medication to the administer the required medication.</li> </ul> <li> <ul> <li>LOCAL VISITS, EXCURSIONS AND SPORTING EVENTS             <ul> <li>give permission for my child to participate in any local visits, excursions or other school activities requiring my child to be taken from the Rollins Primary School premises. Children would be walking to these local events. I understand that this authority refers only to activities that are planned for the environs of Rollins Primary School.</li></ul></li></ul></li>	STUDENT'S NAME				
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