



Glen Innes High School

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Parent/carer consent for a doctor to provide information about their child's health condition

This form is to be completed by the parent/carer.

My child (student's name) _____ is currently enrolled or applying for enrolment at _____ school.

I understand that the school may need to discuss the implications of my son's or daughter's medical condition so that the school can consider support for him or her during school hours.

I give my permission for the doctor named below to give the school information about how to manage my son's or daughter's health condition at school.

Doctor information:

Name: _____

Address: _____

Phone: _____

Email (if known): _____

Fax (if known): _____

I understand the information given may be discussed by the Principal of the school with other members of the school staff, as is necessary, enabling staff to care for my child.

Signed: _____ Date: _____
(Parent/Carer)