



PERMISSIONS

Filled out on our online enrolment form

Medical Assistance:

In the event of an accident or sudden illness, I/we authorise the staff of Maungakareme School to obtain such medical assistance as may be necessary when I/we cannot be contacted. I/we agree to meet any cost incurred for the treatment or transportation of my child to receive medical attention. YES/NO

Pain relief:

I/we give permission for staff at Maungakareme School to administer pain relief or other medication as listed on this child's records, if required. YES/NO

Vision and Hearing:

I/we give permission for this child to undergo vision and hearing testing. YES/NO

School Health Professional or Dental Nurse:

I/we give permission for this child to be seen by a School Health Professional or Dental Nurse. YES/NO

Local Walking Trips/Visits:

I/we give consent for this child to participate in local walking trips/visits without my prior knowledge. YES/NO