I, ________________ (Parent/Guardian’s Name) hereby give permission for any and all medical attention to be administered to my child ________________ (Child’s Name) in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

ADDRESS:
HOME PHONE:
MOBILE No:
INSURANCE:
POLICY NUMBER:
MEDICARE No:

In case I cannot be reached, any of the following persons are designated to act on my behalf:
Mr Paul Tierney, Mr Graeme Walters, Mrs Cate Tierney, Mrs Susan Walters

PHYSICIAN:
ADDRESS:
PHONE:

CONSENT FOR MEDICAL TREATMENT
As the parent or legal guardian of the above named person, I hereby give my consent for emergency medical care prescribed by a duly qualified practitioner. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

SIGNATURE (PARENT/GUARDIAN)

____________________________

Please list any current medication your child currently is taking as well as any medical conditions or allergies that your child may suffer from.