



Visiting Students Consent Form (Please bring this form on the scholarship test day)

I consent to my child attending

..... School on/between.....

I also understand, and have discussed with my child, that at all times he/she must abide by all school rules and must not disrupt the test administration.

Medical information

Please outline medical information, including food allergies or any medications your child must take on the test day and the dosage required.

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I/we do/do not give my/our consent for school staff to supply any of the above medications if it is deemed necessary.

In the event of accident, illness or injury involving my child and where it is impracticable for the Teacher-In-Charge to communicate with me, I authorise the Teacher-In-Charge to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner, including (but may not be limited to) operations, blood transfusions, hospital accommodation and ambulance travel
- Administer such first aid as the Teacher-In-Charge deems necessary

I undertake to pay all medical, ambulance and hospital expenses for such medical or surgical attention as required.

During the period of my child's stay at the school, I/we can be contacted as follows:

Mobile phone:

Home phone:

Other alternative (if applicable):

Parent's/Guardian's name:

Parent's/Guardian's signature: