

## ADDITIONAL PARENTAL AUTHORITY AND CONSENT FORM



### AUTHORITY AND CONSENT

To: St Pauls Catholic College Greystanes (Hereinafter referred to as “the College”)

I, \_\_\_\_\_ parent/legal guardian (delete as appropriate)

of \_\_\_\_\_ (hereinafter referred to as ‘my child’) hereby

1. Consent to my child travelling on a school bus or on any form of public or private transport where such transport is deemed by the College to be necessary or desirable.
2. Consent to my child participating in all activities organised or available at the College camps and retreats, work experience programs and all other outings, excursions and functions.
  - (a) Consent to the College by its servants or agents seeking medical or dental advice on behalf of my child as it sees fit in the event of accident or illness and if in the opinion of an attending medical or dental practitioner or medical officer my child requires medical or dental attention or treatment including but not limited to the administration or anaesthetic, blood transfusion or the performance of any surgical operation, to such medical or dental practitioner or medical officer giving such attention or treatment.
  - (b) Certify that the consent which I have given in paragraph (a) is valid at all times while my child is in the custody of the College including but not limited to such times as my child is at school, is present at school camps or retreats or is attending or participating in a work experience program, outing, excursion or function.
3. Understand that the football codes stated below are vigorous and/or body contact sports, and I give permission for my son to participate, if he so wishes, in those not crossed out:  
RUGBY LEAGUE, RUGBY UNION, SOCCER, AUSTRALIAN RULES.
4. (Strike out whichever of the following is inapplicable)
  - (a) Certify that my child does not, to my knowledge, suffer from any illness or disability which might interfere with or inhibit any medical or dental attention or treatment.
  - (b) Give notice that my child suffers from the following illnesses or disabilities and/or takes medication which might interfere with or inhibit any medical or dental attention or treatment but certify that to my knowledge my child does not suffer from any other illnesses or disabilities or take medication which might interfere with or inhibit any medical or dental attention or treatment:  
\_\_\_\_\_  
\_\_\_\_\_
5. Certify that I understand that the College will take all reasonable care in the event of my child suffering accident or illness but that it will not be responsible for the costs of any medical or dental attention or treatment administered to my child in such event. Nor will it be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my child.

SIGNED: \_\_\_\_\_  
(Father)

\_\_\_\_\_  
(Mother)

Date: \_\_\_\_\_

**Please note: It is your personal responsibility to advise the College regarding any alteration to the information supplied.**