



**| NSW Department of Education**

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

This form is to be completed by the parent.

My child \_\_\_\_\_ is currently applying for enrolment at HURLSTONE AGRICULTURAL HIGH SCHOOL.

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

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

Doctor's 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: \_\_\_\_\_

(Parent/Carer)

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