











Header Row		



















8. I give permission for educators with current first aid to administer paracetamol in an emergency in the correct dosage for the age of my child. Administration of this medication will only be given in the event of a parent being un-contactable in consultation with IBS Staff.

Yes

No

9. Please list any procedures/operations the student has undergone.

10. Is the student able to participate in all physical activities? YES NO

~~GA [q | çã^Á^ca~~

11. Does the student have any special needs? YES NO

~~GA^•q | çã^Á^ca~~

Please note that, should the student be suffering from a contagious condition, the school must be notified immediately.

Signature _____

Relationship to student _____

Date ____/____/____





