



Giovanni Curmi higher secondary school

Medical Consent Form

Student's Name: _____ ID Card No.: _____ Course: _____

In case of emergency, we authorise the relevant authorities to proceed with urgent medical and/or surgical treatment that may be required during our absence, if and until we are temporarily unavailable.

Name of Parents/Legal Guardian ID Number Signature Date

Contact No/s. (in case of emergency): _____

The school needs to be informed of any medical condition that your son/daughter suffers from:

Name of Condition: _____

Medication being taken: _____

Name of Doctor (if necessary) _____ Contact No: _____

If a new medical condition develops during their year / years of study at GCHSS, kindly inform School Administration.

Disclaimer:

Should the student have a medical condition that requires regular/long absences from school, the parents/guardians, or, if over 18, the student himself/herself are to present weekly medical evidence of the situation to the Officer in charge (Administration Block, Room 1). Failure to do so will NOT excuse students from the "70% attendance/50% coursework" rule according to the school policies and will result in the student not being able to sit for term tests or exams.

The school will not be held responsible if the relevant information is withheld.

N/S in
Main Street
Naxxar
NXR 1971

Mr G. Calleja
Head of School

gchss.edu.mt

+356 21431407
+356 21416422

For Office use:

Received on:

Signature Officer i/c

gcurmi.hss@gov.mt