

Medical Consent Form

Name & Surname: _____

ID Number: _____ **Course:** MC AIO IPAL

The school needs to be informed of any medical condition that a student may have:

Name of Condition: _____

Medication being taken: _____

Name of doctor and contact number (if necessary):

Name of Parent/Guardian: _____

ID Number: _____

Contact Number/s in case of emergency:

Signature: _____ **Date:** _____

I agree that if a new medical condition develops during the student's year/s of study at GCHSS, the school administration will be informed.

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.

GCHSS will not be held responsible if relevant information is withheld.

Should the student require regular or long absences from school for medical reasons, the student (or, if under 18 years of age, the parent/guardian) is to present weekly medical evidence of the situation. Students will be marked *absent* should they fail to present medical evidence covering their absence.