

## Medical Consent Form

### Student Details

Name & Surname: \_\_\_\_\_

ID Number: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Course: ☐ MC ☐ AIO ☐ IPAL ☐ MSSP ☐ GEM16+

### Medical Information

Please inform the school of any medical condition/s

Name of Medical Condition: \_\_\_\_\_

Medication Being Taken: \_\_\_\_\_

Name of Doctor and contact information (if applicable):  
\_\_\_\_\_

### Parent/Guardian information (if student is under 18 years of age)

Name of Parent/Guardian: \_\_\_\_\_

ID Number: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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. ☐

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