

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## PARENT/GUARDIAN RELEASE OF INFORMATION

Do you give permission for Kormilda college staff to contact Health Clinic directly to obtain

your child's medical records, including immunisation records? Yes No

Do you give permission for Kormilda College staff to contact schools directly to obtain your child's school reports? Yes No

Do you give you give permission for Kormilda staff to act on your behalf when working with Centrelink? Yes No

Do you give permission for your child to attend school activities, camps and excursions? Yes No

## PARENT GUARDIAN MEDICAL CONSENT

As part of our holistic approach to education, Kormilda College provides a range of health and wellbeing services to all students as needed

- Registered Nurse on site
- Administering of first aid
- Weekly GP visits on site
- Regular Vaccination program

The college will not accept duty of care obligations unless parents/guardians provide an accurate disclosure if any medical conditions and medications which a student may have.

### CONSENT TO MEDICAL ATTENTION

Do you give permission for Kormilda College staff to give medical attention to your child as detailed above ?

Yes No

Do you give your permission for Kormilda College staff to act on your behalf or accept instruction from nominated emergency contact to make medical decisions for your child, including in the event of an emergency?

Yes No

Do you give permission for Kormilda College staff to make all necessary medical or dental appointments required by your child?

Yes No

Do you give permission for PANADOL or EQUIVALENT PARACETAMOL to be administered to your child if requested?

Yes No

Do you release Kormilda College staff from any legal liability & to acknowledge that staff will act only in the best interest of your child?

Yes No

### MEDICAL POLICY ACKNOWLEDGEMENTS

Most medical expenses are covered by medicare, a valid health care card, private health insurance and/or ambulance cover. Kormilda College will not be held responsible for any charges associated with emergency or medical treatments, including medications and ambulance fees.

*Parents to sign.*

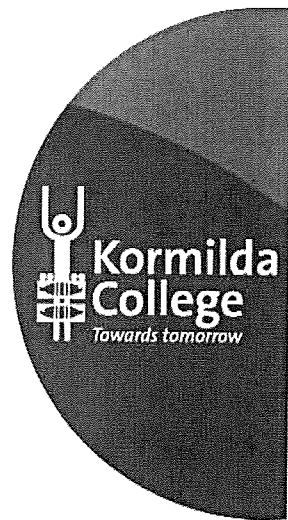
I have understood all information in the Release of Information and Medical Attention Consent sections above and give my consent where indicated above.

\_\_\_\_\_

\_\_\_\_\_

(Parent Guardian Signature)

(Date)



Date:

To:

From: Sarah Bone – Indigenous Enrolment Officer

Re:

To whom it may concern,

Kormilda College is a multicultural co-educational day and boarding school based in Darwin, Northern Territory and the above student has applied for enrolment.

I ask that you provide us with relevant school records and/or current or last school report that you hold for this student to assist us in assessment of suitability. Please find attached parental/guardian permission for you to provide this detail. I would be appreciated if you could also indicate the following:

Please confirm the last Year Level this student was registered in at your school and in what year (please circle)

The student was registered in Year **6 7 8 9 10 11 12** in the year **20\_\_**.

**Would you recommend this student for a boarding placement**

**Student is polite and willing to learn**

**This student is below the expected academic level but willing to learn**

**This student is in line with the expected academic level for his/her age**

**Student needs encouragement to learn**

**A concern relating to personal Welfare – a boarding setting would benefit this student**

**has been known to be violent towards others within our school setting**

**was Suspended**  **or Exited**  **due to bullying or violent behavior**

**Are you willing to discuss this student further**

Name of contact: \_\_\_\_\_ Position: \_\_\_\_\_ Phone Number; \_\_\_\_\_

We appreciate your co-operation and thank you.

Sarah Bone

Indigenous Enrolment Officer

