Sussex Inlet Public School

Medical Consent Form

I give permission for my child: ___________________________ Class: ________________
(please print)

to have the following items from our First Aid supplies used on them.

Please indicate with a - (Y) for Yes
- (N) for No

☐ Sunscreen ☐ Stop Itch
☐ Band-aid ☐ Calamine Lotion
☐ Stingose ☐ Vaseline
☐ Vinegar ☐ Antiseptic Cream (Savlon etc.)
☐ Am-o-lin ☐ Tea Tree Oil

Signed Parent/Caregiver: ___________________________ Date: ________________

GENERAL PERMISSION NOTE

I give my permission for my child: ___________________________ Class: __________
(please print)

to leave the school as part of a class group during the 2016 school year. I understand that this will only be for short walking excursions in and around Sussex Inlet as part of our learning programs.

Signed Parent/Caregiver ___________________________ Date: ________________