



Munro & Dickenson Trust
HAMPTON SCHOOL

Dear Parent/Guardian,

Below is a form which you are asked to sign and return to the school with your child or ward. Your permission is needed for your child to be given any form of medical care at school whenever necessary.

Please read it carefully before signing.

MEDICAL CONSENT FORM
(Please complete the appropriate section.)

SECTION A

I HEREBY GIVE CONSENT for my child/ward _____
to be given medical assistance by the school doctor, the nurse or any other medical practitioner available to the school, if she becomes ill while she is at school.

SECTION B

I hereby ask that my child/ward _____
NOT BE EXAMINED by the school doctor or any other medical practitioner. I will therefore be responsible for undertaking all medical attention given to her and will make myself available to collect her at any time she is ill and is in need of assistance.

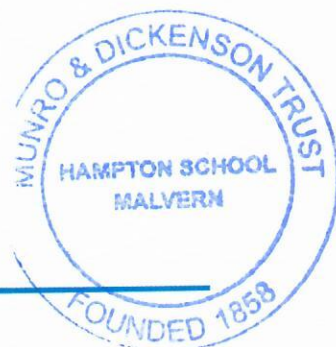
Should anything unforeseen result due to a delay in getting her medical attention, I will take the responsibility and will not hold the school responsible.

Name: _____

Signature: _____

Relationship to Student: _____

Date: _____



Please note:

All medical forms are to be completed and returned to school on the first day of the term or when the student starts school.

1. This form is to be accompanied with the students' immunization cards and students' medical reports of fitness (MOEY/MOHV). Please ask your doctor to **include the blood group** of the student. No student will be allowed to remain in school unless fully immunized. Kindly get this information from your doctor or Health Centres.
2. All appointments to doctors or dentists are to be made for holidays when possible. Any appointment which coincides with school terms should be reported on the student's return to school.