Permissions

1. In case of an accident, I authorise the teacher in charge to take whatever action he/she considers necessary to protect the welfare of my child/children AND I AGREE to pay medical costs which may be incurred.

   YES ☐       NO ☐

2. I give permission for my child/children to be treated with: (please tick)

   Bandaids ☐   Stingoes ☐   Savlon ☐
   Calamine ☐   Betadine ☐   Sunscreen ☐

Name: ........................................ Signature: ........................................
Dated: ........................................