



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

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Sunscreen

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Saline Solution Eye Wash

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Band-aid

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Calamine Lotion

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Stingose

☐

Vaseline

☐

Vinegar

☐

Antiseptic Cream (Savlon etc.)

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 current 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: _____