



## PARENT AUTHORITY FOR THE SCHOOL TO COMMUNICATE WITH THE STUDENT'S MEDICAL SPECIALIST

Date: \_\_\_\_\_

Name of student: \_\_\_\_\_

Year Level: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent phone number: \_\_\_\_\_

I \_\_\_\_\_ Mother/Father of \_\_\_\_\_

of year \_\_\_\_\_ give authority for Islamic College of Melbourne to contact my child's medical specialist.

Name of Medical specialist: \_\_\_\_\_

Medical practice: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address of Medical practice: \_\_\_\_\_

\_\_\_\_\_

Signature of parent