



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