Ph: 03 8742 1739 Fax: 03 8742 1959 Em: admin@icom.vic.edu.au Web: www.icom.vic.edu.au

Islamic College Of Melbourne



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 authori medical specialist.	ty for Islamic College of Melbourne to contact my child's
Name of Medical specialist:	
Medical practice:	
Phone number:	
Address of Medical practice:	
Signature of parent	