1. I give permission, where appropriate, for MDCS staff to administer:
   - ½ to 2 Paracetamol Tablets to my child
   - Antiseptic Spray for stings, cuts or grazes
   - Burns Gel

2. In the event of an injury or other medical emergency, where a parent or guardian cannot be contacted, I give permission for MDCS staff to consent on my behalf to the child receiving medical or surgical treatment as deemed necessary.

3. I give my permission for MDCS staff and/or an appropriate representative from the Shire of Yarra Ranges, to check my child for Head Lice as deemed necessary.

4. I give my permission for photographs of my child to be reproduced and used in advertising materials to represent the school.

5. I give my permission for my child to attend and be transported to excursions arranged by MDCS as part of the normal delivery of the school curriculum. I understand that the school will inform me about excursions through the Newsletter, term letters and/or excursion letters. I hereby agree that during such events, the MDCS staff will take over the guardianship responsibility for my child.

   Please note: Where camps/excursions occur outside of the normal school hours or that involve transport with a non-school vehicle (ie train or personal car) a separate permission and medical/dietary information form will be sent home.

Father’s/Mother’s/Guardian’s Signature____________________________________________

Print Name ____________________________________________       Date_________________