



Parental Consent – Medical Treatment

Consent to seek medical assessment and treatment.

In the event of your child needing medical assessment or treatment, staff of *Geraldton Residential College* will arrange for appropriate medical care through either a local general practice or *Geraldton Regional Hospital* Emergency Department. Our staff will endeavour to contact you for your consent regarding non-urgent medical care, but in the event of an emergency or the treatment of a minor condition we will take necessary action for the welfare of your child. In the instance of a young person being recognised by the treating doctor as a ‘mature minor’ the young person may be able to give their own consent for their medical care.

Emergency conditions	Injuries or sudden illnesses requiring hospital care	Immediate attendance at hospital
Minor conditions	Minor infections (e.g., coughs and colds, gastroenteritis, ear infections, etc) Minor injuries (cuts, bruises, and sprains)	Attendance at GP surgery, or hospital as required
Non-urgent conditions	Chronic complaints (e.g., hay fever, asthma, joint pain, headaches, skin conditions) Sexual and reproductive health	Parental consent to be sought prior to GP attendance

I _____, parent or legal guardian of _____,
 born the ____ day of _____, 20____ do hereby consent to any medical care determined by the treating doctor to be necessary for the welfare of my child while said child is under the care of *Geraldton Residential College*. This authorisation is effective from the ____ day of _____, 20____ and is valid until 31st December of 20 ____ .

(Please Circle) Parent / Legal Guardian - Signature: _____

