



Guidance on Hospital Treatment 2016

This form needs to be completed annually by parents

Student Name: _____

Year: _____

In an emergency, an ambulance will take your son to a hospital. The destination hospital then becomes a function of the hospital proximity and availability. However, in other circumstances, a College supervisor may take your son by car to hospital.

PART A: Non-emergency hospital visit.

Please would you give us some guidance on the hospital of choice when we transport your son(s) by car to hospital. Private hospitals usually charge a triage fee which is not covered by health funds. We have found most such triage fees are over \$200.

We cannot guarantee that we will always be in a position to comply with this indicated preference:
It is preferred that a PRIVATE / PUBLIC (please circle choice) emergency department is used when the College is providing the transport to hospital for my son

PART B: Style of admission to public hospital.

It is preferred that he is designated a PRIVATE / PUBLIC (please circle choice) patient when admitted to a public hospital.

PARENT NAME: _____

PARENT SIGNATURE: _____

Date: _____