



Employee Authorisation Form

I, _____	hereby give consent for my doctor:
Doctors Name:	
Doctors Address:	
Doctors Phone No.:	

to discuss with the Lifeguard Manager , specific injury/illness information that will assist with my (graduated) Return to Lifeguard Duties.

The Lifeguard Manager is bound by strict confidentiality and may not discuss information with any third party unless previously authorised by the injured employee.

I understand that this consent is required to assist with my Return to Lifeguard Duties and that all information obtained is treated in strict confidence.

Signature

Date

<i>Witness (please print name):</i>	
<i>Witness position:</i>	
<i>Witness (signature):</i>	<i>Date:</i>