

NARROGIN AMCAL CHEMIST
G Page, C Evans, K Layman, L Clark, S Clark
SHOPS 8-12 FORTUNE ST (PO BOX 217)
NARROGIN WA 6312
Ph 9881 1963
Fax 9881 1466
Email narrogin@amcal.net.au



Dear Parent(s)

Congratulations on attaining a placement for your child at the Narrogin Agricultural College. The Narrogin community and business people are proud of the educational and recreational facilities that are available within the town. The diversity of sporting facilities opens up so many possibilities for our youth. Whatever their needs and choices, they are sure to be catered for.

Whilst attending the college your child may require prescriptions to be filled, or they may require other chemist supplies. To this end we extend our invitation for you to utilise our services, and open up a monthly account in your name.

To open an account please complete the form, printed on the reverse of this letter, and return it to the above address. Let the College know that you have opened an account.

The trading terms are as follows:

1. Accounts are sent monthly and are payable before the end of the next month.
2. If another person purchases items on your child's behalf, a phone call or cover note from the college, your child or yourself is required.
3. For prescription purposes, please provide your child's Medicare details and any relevant Health Care Card and Pension numbers or private health insurance (ancillary cover) numbers.
4. All purchases charged to your account will have the till receipt, signed by the purchaser, kept on file. We like our processes to be as transparent as possible, mistakes sometimes do happen, so please do not hesitate to contact us in the event of a query.

We look forward to providing you and your child with friendly, caring attention and service. Please do not hesitate to give us a call if you have any special requirements or concerns that you wish to discuss. Also keep in mind that we regularly provide the services of two fully qualified Pharmacists that your whole family can utilise for our expertise at any time.

We trust your child will enjoy the time spent at the Agricultural College, finding reward in both academic and sporting achievements during their years in Narrogin.

At this point in time I would like to express our best wishes to you and your family for a wonderful Christmas and New Year.

Kind Regards,

Kristen Layman



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Application For 30-Day Account (Please use BLOCK LETTERS)

Student's Name _____

Guardian's Name _____

Address _____ **Post Code** _____

Telephone _____ **Fax** _____ **E-mail** _____

College Attending (Residential/Agricultural) _____

Medicare Number _____ **Prefix Number** _____ **Expiry Date** _____

Health Care Card/Pension Number _____ **Expiry Date** _____

Private Health Cover (HBF etc) Number _____

Account Restrictions (eg medications only) _____

Student's DOB _____

Student's Allergies _____

Signature (Parent/Guardian) _____

(TERMS OF ACCOUNT ARE STRICTLY 30 DAYS)

Privacy and confidentiality are maintained at all times. Please note that your signature here-on is taken as permission to store your personal details on our files, only to be used as required by statutory laws in the course of our business. Thank you.

Pharmacy Use Only

Created Acct



Narrogin Guardian Pharmacy
PO BOX 105
74 Federal Street
Narrogin W.A 6312
Phone: 9881 1006
Fax: 9881 2116

Dear Parent,

I would like to offer you the opportunity to open a student account at Narrogin Guardian Pharmacy.

We here at Guardian understand the importance of having easy access to medical supplies and expert advice for your child during their stay in Narrogin. Please feel free to simply fill in the enclosed application and return it to us at Narrogin Guardian Pharmacy.

You will receive itemised statements which are posted out monthly, these are payable by cheque, cash, Internet banking or credit card.

If your child has any medical conditions of which we should be aware of please note them on the form, or alternatively call us at the pharmacy on 9881 1006 to discuss them further.

We look forward to seeing you next time you are in Narrogin and we would like to thank you for shopping with us at Narrogin Guardian Pharmacy
Please do not hesitate in contacting us if we can assist your child in any way with their medical needs.

Yours Faithfully,

Nik Patel

Pharmacist



Narrogin Guardian Pharmacy
PO BOX 105
74 Federal Street
Narrogin W.A 6312
Phone: 9881 1006
Fax: 9881 2116

REQUEST FOR STUDENT ACCOUNT

NAME OF ACCOUNT:.....
(PARENT OR GUARDIAN)

ADDRESS:

EMAIL ADDRESS:.....

PHONE NUMBER:**MOBILE NUMBER:**.....

NAME OF STUDENT:

DATE OF BIRTH:

RESTRICTIONS (IF ANY) e.g. MEDICAL ONLY:

ALLERGIES:

PHARMACEUTICAL CONCESSION CARD NUMBER:

EXPIRY DATE:

MEDICARE CARD FAMILY NUMBER:

REFERENCE NUMBER:

(SINGLE NUMBER LOCATED NEXT TO CHILD'S NAME)

EXPIRY DATE:

SIGNATURE: