The Narrogin Pharmacy
K Layman, L Clark, S Clark & C Sansom
8 Fortune St (PO BOX 217)
Narrogin WA 6312
Ph 9881 1963
Fax 9881 1466
Email care@thenarroginpharmacy.com.au



Dear Parents/Guardians

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 and other 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 pharmacy 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

THE NARROGIN PHARMACY
Together in health

THE NARROGIN PHARMACY

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

Student's Name _____

Guardian's Name _____

Address _____ **Post Code** _____

Guardian's Telephone _____ **Student's Telephone**_____

Guardian's E-mail _____

College Attending (Residential/Agricultural) _____

Student's Medicare Number_____**Prefix Number**____**Expiry Date**_____

Student's Health Care Card/Pension Number_____**Expiry Date** _____

Student's 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

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