



HARCOURT VALLEY PRIMARY SCHOOL

Excursion Permission

DATE:

DEPARTURE TIME :

COST :

VENUE :

TEACHERS ACCOMPANYING :

THE ATTACHED PERMISSION SLIP MUST BE RETURNED TO SCHOOL. CHILDREN NOT RETURNING THE FORM WILL NOT BE ABLE TO ATTEND.

PERMISSION SLIP

I/We will/will not permit my/our child/children,
to attend the _____.

We understand that travel to and from the venue will be by bus. I/We authorize the teacher in charge to consent, where it is impracticable to communicate with me; to my child receiving such medical or surgical treatment as may be deemed necessary by appropriate authorities.

Signed..... Date.....

Medical Conditions that the school should know of

My child suffers from asthma : YES NO

Emergency contact for the day is

Name(block letters).....