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| EXCURSION TO: |
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I give my child permission to attend the excursion to

on

In the event of any illness or accident, I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Student Name:

Grade

Parent Signature:

Date:

Please indicate any medication required on excursion
(e.g. for allergies, asthma, etc. - All medication must be clearly labelled with child's name)

Emergency contact numbers on this day