



EXCURSION PERMISSION SLIP

**PLEASE RETURN THIS FORM TO YOUR HOME ROOM
TEACHER**

**Excursion: SECONDARY INTERHOUSE
SWIMMING CARNIVAL**

Date: / /

Home Room Teacher: _____ Year level: _____

I give permission for my child _____
to attend the excursion planned for _____

I give permission for my child to be transported to and from the venue. Yes No

Is your child taking any medication or under any type of treatment, or has your child suffered any condition such as allergies or disability which may prevent full involvement in the excursion?
Yes No

If Yes, please attach written details.

In the case of injury or illness, I hereby authorise Georgiana Molloy Anglican School to obtain medical attention deemed appropriate, including ambulance transport and agree to accept responsibility for any costs incurred.

I acknowledge that the cost of this excursion will be charged to my term fees account.

Parent signature: _____ Date: / / 20 .

I am able to assist on the day. _____
Please print your name and contact number here if you can assist

I do not give permission for my child to attend (tick Box) Reason _____