

LINDENOW PRIMARY SCHOOL



I give permission for my child/ren..... to travel

to.....

and from

by bus on (date)

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signature:

Date:.....

Parent/Guardian:

Money enclosed \$.....