



Kismet Park Primary School

TEL: (03) 9744 4566

EMPOWERMENT AND EXCELLENCE IN EDUCATION FOR ALL

STUDENT: _____

GRADE: _____

PAYMENT FOR: _____

Cash EMA

Cheque EFT

(✓) Please tick)

AMOUNT

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Does your child have any allergies/medical conditions? YES / NO (*please circle*)

If yes, give details: _____

Please specify

I hereby give permission for my child to attend the school activity as above. Information about this activity has been made available to me. I consent to my child participating in this excursion. In the event of illness or injury to my child, I authorise the Principal or teacher in charge of my child if unable or impracticable to contact me to consent to my child receiving such medical or surgical attention as may be deemed necessary. All expenses thus incurred will be paid by me.

PARENT/GUARDIAN SIGNATURE: _____ Dated: _____

Parent Emergency Contact Number during this excursion: _____

Please fax this form to: 9744 2560 or email to: kismet.park.ps@edumail.vic.gov.au