



“BUILDING THE FOUNDATIONS FOR SUCCESS AND HAPPINESS”

STUDENT: \_\_\_\_\_

GRADE: \_\_\_\_\_

PAYMENT FOR: \_\_\_\_\_

Cash     CSEF     BPAY

Cheque     EFT     QKR

\$	:
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(✓) Please tick)    **AMOUNT**

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](mailto:kismet.park.ps@edumail.vic.gov.au)