Dear Parents,

Please sign and return permission form for your child to attend the following local excursions involving travel by walking which may include:

- Running laps around the school
- Visits to the Community Centre Oval
- Visits to the local library
- Visits to the Beaumaris Concourse
- Visits to local Beaumaris parks

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Student’s Name: ___________________________ Class: __________

I give permission for my child to participate in all local excursions which may include:

- Running laps around the school
- Visits to the Community Centre Oval
- Visits to the local library
- Visits to the Beaumaris Concourse
- Visits to local Beaumaris parks

MEDICAL CONSENT FORM:

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 reasonable necessary.

Medicare Number: ____________________________________________

Signature of Parent/Guardian: __________________________Date: __________

Telephone Contact Numbers: ________________________Home

__________________________Work

__________________________Mobile