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

---------------------------------------------------------------------------------------------------------------------

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