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PERMISSION FORM FOR STUDENTS TO PARTICIPATE IN EXCURSIONS AROUND THE LOCAL AREA

Family Name:

Student Name:.....

Student Name:.....

Student Name:.....

I give permission for my child/children to take part in excursions around the local area. (i.e. walking to and from Tallarook Mechanics Institute, Recreation Reserve, Arboretum) for the duration of their schooling at this school. I understand that I may withdraw this permission at any time by notifying the Principal in writing.

I authorise the teacher in charge of the excursion to consent where it is impracticable to communicate with me to my child receiving such medical or surgical treatment as may be deemed necessary. (All staff will have a mobile phone to communicate).

Parent/Guardian signature: Date.....