

THOMASTOWN PRIMARY SCHOOL

Name of Parent _____

Address _____

Telephone

Home _____ Business or mobile _____

I give my permission for my child _____
to attend the Thomastown Primary School local excursions (walking)
during the whole school year of 20__

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:

- administer such first-aid as the teacher in charge may judge to be reasonably necessary.
- consent to my child receiving such medical, surgical or dental attention as may be deemed necessary by a medical practitioner.
- **give my child Paracetamol** (*if necessary*). **YES NO**

Please circle

Date: _____

Signed: _____

Parent/Guardian