



0755 Gordon Primary School  
Telephone : 5368 9223 Fax : 5368 9451

### Permission Notification

Excursion : .....Date:.....

Destination/Venue : .....

Special Needs : .....

Transport Method : .....

Cost: \$.....

Tear off slip  
.....

Please complete details on this slip, sign and return to the school prior to Excursion date.

Excursion : .....

Date : ..... Cost: \$.....

NAME : ..... Class : .....

Medical Condition/s : .....

Family Home Telephone : .....

Adult A Business Hour Telephone : .....

Adult B Business Hour Telephone : .....

Emergency Contact No for this Excursion : .....

Doctor Name : .....

Doctor Telephone : .....

Medicare Number : .....

I consent to my child taking part in this excursion and 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 medical practitioner,
- administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signature of Parent/Guardian : .....

Date : .....

The Department of Education and Early Childhood Development requires this consent to be signed for all students attending school excursions.

**NOTE:** Parents/guardians should provide written approval prior to their child taking part in any excursion.