

Activity Permission Note



Activity: Reading at Local Pre-Schools

Date: Term 1-4, 2018

Cost: FREE

I understand that the children will be travelling by:- (*please circle*)

Car – Mrs Samojlowicz, Mrs Brown or Mr Baddock driving

I give permission for my child in class Stage 3 White/Blue to attend this activity during Terms 1, 2, 3 & 4.

.....
Parent/Guardian signature

.....
(*Name – please print*)

Date

Medical Details

☐ Does your child have any medical condition which you feel that teachers should be aware of?

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☐ Please list any allergies and the symptoms

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☐ Does your child need to take medication during the activity? (*Details needed by the Teacher*)

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☐ Is there any other matter regarding your child's welfare and enjoyment of the activity which you would feel the teacher should know?

Contact Details

On the day of the activity I may be contacted on phone no.

Mother's Home/Work/Mobile Phone No's.

Father's Home/Work/Mobile Phone No's.

Emergency Name and Phone No.

Emergency

In the event of an emergency I give the teachers of Our Lady of the Nativity Primary School permission to seek medical attention for my child. I understand that I will be notified as soon as possible.

.....
Parent/Guardian signature

.....
(*Name – please print*)

Date