YEAR 5 BEECHWORTH CAMP

PERMISSION NOTE

I give permission for my child ……………………………………………………..
in Class.......... to attend the school camp to Beechworth from Tuesday, 29th April – Friday 2nd May 2014 and for him/her to participate in all of the activities organised during the stay at this camp.

I have discussed with my child the need for him/her to observe all the rules and directions that may be stipulated by the camp authorities and supervising adults attending the camp.

I understand that in the event of an accident, illness or unacceptable behaviour I may be required to collect or arrange transport for my child from the camp.

I authorise the teacher in charge of the event, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary.

Parents of asthmatic children are required to ensure that their children have with them all necessary medication.

Signed: ____________________________ Date: /   /2014

(Parent/Guardian)