PERMISSION FORMS
DISTRICT ATHLETICS

To be taken on excursion

Child’s name in full__________________________________________

I give permission for my child____________________ to compete in the District Athletics to be conducted at George Street Athletics Track on Tuesday September 2nd 2014. I understand that my child will be travelling to and from the venue by bus. 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 that may be deemed necessary in the event of an emergency.

Signed ___________________________ Contact Number ____________

To be retained at school

Child’s name in full__________________________________________

I give permission for my child____________________ to compete in the District Athletics to be conducted at George Street Athletics Track on Tuesday September 2nd 2014. I understand that my child will be travelling to and from the venue by bus. 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 that may be deemed necessary in the event of an emergency.

Signed ___________________________ Contact Number ____________