



Local Excursion Permission Form

I hereby give my child permission to take part in any local walking excursion from our school. I authorise the teacher-in-charge of the activity to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment or use of ambulance as may be deemed necessary.

Student's Name:

Medicare Number:

Parent/Guardian's Signature:

Date:

Contact Number:

The Patch School 53 Kallista-Emerald Road The Patch 3792 Telephone 9756 7463
Email: the.patch.ps@edumail.vic.gov.au



Local Excursion Permission Form

I hereby give my child permission to take part in any local walking excursion from our school. I authorise the teacher-in-charge of the activity to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment or use of ambulance as may be deemed necessary.

Student's Name:

Medicare Number:

Parent/Guardian's Signature:

Date:

Contact Number:

The Patch School 53 Kallista-Emerald Road The Patch 3792 Telephone 9756 7463
Email: the.patch.ps@edumail.vic.gov.au