



**Sutherland
Dianella**
Primary

Martin Chatterton Incursion
Wednesday 31 May

MEDICAL INFORMATION AND CONSENT FOR EXCURSION

Please complete the following information *relating to your child's participation* in this excursion. Tick if relevant:

Allergies Medication required

Allergy to: _____

Medication name & dose:

Asthma Medication required

Medication name & dose:

Other condition Other medication required

Medication name & dose:

MEDICATION AND CLEAR INSTRUCTIONS MUST BE HANDED TO THE TEACHER PRIOR TO THE INCURSION.

Permission Slip to Attend

Martin Chatterton Incursion

I have read and understood the attached information regarding the **Martin Chatterton incursion on Wednesday 31 May**. Please find enclosed **\$5.00** and I give my consent for my

child Room to attend.

Where it is not practical to communicate with me, I authorise the teacher in charge of the incursion to consent to my child receiving such medical treatment as may be considered necessary. I am aware the Department of Education insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.

Signed..... Date.....
(Parent/Guardian)

Daytime Contact..... Mobile.....

METHODS OF PAYMENT

Payment can be made in one of the following ways:

- *Cash/Cheque direct to the class teacher*
- *EFTPOS through the school office*
- *Direct deposit to the school bank account*

Bank Details:

*Commonwealth Bank
BSB: 066-040
Account Number: 19903549
Sutherland Dianella Primary School*

If using the direct deposit method please ensure that your child/children name in the description field