



**Fremantle Prison Excursion
Wednesday 14 June 2017**

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 EXCURSION.

**Permission Slip to Attend
Fremantle Prison**

I have read and understood the attached information regarding the excursion to Fremantle Prison on Wednesday 14 June 2017. Please find enclosed **\$13.00** for transport and entry to Fremantle Prison and \$_____ for lunch.

I give consent for my child _____, Room _____ to travel by bus to the excursion.

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
(Parent/Guardian)

Date

Daytime Contact

Mobile

Please enclose signed form in attached envelope and indicate method of payment.

If Payment By Direct Debit PLEASE ensure that your child/children's name is in the description field.

Bank Details - Commonwealth Bank
Sutherland Dianella Primary School
BSB: 066 040
Account Number: 1990 3549