



Brunswick South
PRIMARY SCHOOL

imparare insieme ♦ creare insieme ♦ vivere insieme

LOCAL EXCURSION PERMISSION FORM

I understand that from time to time my child will take part in supervised walking excursions in the local area.

I give permission for my child.....to attend such walks as part of the school program.

I authorise the Principal or the Teacher in charge of my child on such walks to consent, where it is impracticable to communicate with me, to emergency medical arrangements on my behalf as are deemed necessary by a qualified medical practitioner.

Signed..... (Parent/guardian)

Date.....

Name of Parent/Guardian.....