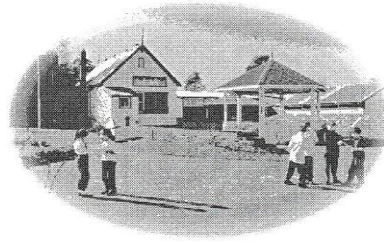


Commercial Road Primary School No. 2136

PO Box 952, Morwell 3840 Victoria Australia
Tel: (03) 5134 2329 Fax:(03) 5134 4528 IDD+61



GENERIC PERMISSION FORM

Students Name: _____

Excursion Name: _____ COST: _____

Parent Name: _____

Contact Number: _____

Emergency Contact for the day of the excursion: _____

Doctor Name and Number: _____

Medicare Number: _____

I consent to my child taking part in this excursion and where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorize the teacher in charge to :

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- Administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signature of Parent/ Guardian _____ Date: _____

The Department of Education and Early Childhood Development requires this consent to be signed for all students attending school excursions.