

PARENT CONSENT FORM FOR SCHOOL EXCURSION TO THE MANDURAH PERFORMING ARTS CENTRE

To be returned to school by Wednesday 11 November 2015

If your son/daughter has special needs please provide full details and include any relevant medical details and updates to be entered on the Student Health Care Summary kept at the school.

				fied in the Student Health Care Summary he provision of meals and storage of an	e.g.
adre	naline auto injector at the	e appropriate temperature. Ple	ase outline al	current health risks below:	
	Contact Information		İ		
		™Work:		™ Mobile:	ĺ
	Other:				ĺ
	sent to durah Performing Arts C	entre on 19 November 2015.		participating in an excursion to the	
	· ·	daughter to receive medical tre	atment in cas	e of emergency.	
		nd its employees are not respo s the school or its employees a		onal injuries or property damage which me negligent.	ау
Parent / quardian			_	Date	