



EXCURSION /INCURSION PERMISSION FORM

Please return this permission form to the Office by Monday 21st June 2021

Excursion /Incursion	Leadership by Listening
Date	Tuesday 22/06/2021 8:41 am - 5:39pm
Location	Killara High School
Cost	No cost
Organising Teacher	Darren Reid

I give permission for (student name) _____

of year/class _____ to participate in this excursion /incursion.

I have noted the start and end times, transport arrangements and dress requirements.
Additional needs of my child of which you should be aware: eg. allergies or medical conditions

Medical Assistance: In the event of any accident or illness, I authorise the teacher in charge to seek medical assistance or treatment for my child at my cost

Parent signature: _____

Parent name: _____

Parent phone number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

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