



Billanook Primary School No 5193.

“Believe in Yourself”

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Excursion Permission Form

I give permission for my child of Grade
to attend our excursion to
on (date).

I authorise teachers in charge of the excursion to consent where
impractical to communicate with me, to my child receiving such
medical or surgical treatment as may be deemed necessary.

SIGNED DATE

EMERGENCY CONTACTS FOR (date)

NAME: PHONE:

NAME: PHONE: