



St Simon The Apostle Primary School

2 TAYLORS LANE, ROWVILLE, VICTORIA, 3178
TELEPHONE: 9755 4222 FAX: 9755 4255

Permission Slip

I hereby give permission for my child.....
to participate in the.....
which is to be held at.....
on.....

I also give permission for my child
to travel by bus / car / train to.....
on

In the event of any illness or accident to my child

I authorise St Simon's Primary School to obtain, on my behalf, any necessary medical assistance as he / she may require. I accept all operative, blood transfusion and/or anaesthetic risks involved and the responsibility for payment of all expenses incurred.

Please note any chronic illness:

Please state any allergies:

Please state any special medical requirement (e.g. Ventolin).....

Child's Grade:.....

Signature of Parent/Guardian:

Contact Number/s of Parent/Guardian:.....

Name of Emergency Contact:..... Relationship to Child:

Contact Number/s of Emergency Contact: