GENERAL PERMISSION FORM
FOR ACTIVITIES CLOSE TO THE SCHOOL

TRANSPORT/WALKING: -

I give permission for my child .................................................................
in Grade ................................... to participate in excursions and sporting activities
within walking distance of the school.

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

Signed: ........................................................Date...........................................

Parent’s Name: (Please Print)

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