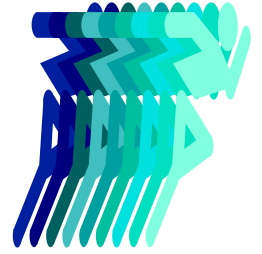


PERMISSION SLIP FOR ONE DAY SPORT EXCURSIONS



STUDENT'S NAME: _____ **YEAR** _____

HOUSE _____

I hereby give my son/daughter _____ permission to attend, and where appropriate, compete in all school swimming, athletic, and other sporting activities.
(* Please see note below).

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

SIGNATURE OF PARENT: _____ **PHONE NUMBER:** _____

***NOTE:** If you find it impossible to give unconditional approval for participation in all or some of these sports for medical or other reasons, please give details below:

Signature of Parent: _____ **Date:** _____