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## CHI.L.D./Glenleighden Out of School Variation to School Routine Permission Form



I/we give permission for my/our child \_\_\_\_\_ to attend the following outings and to participate in the all the associated scheduled activities during 2015 and until further permission is sought in 2016.

**Please tick the following boxes:**

|   |   |
|---|---|
| <input type="checkbox"/> .....Movies<br><input type="checkbox"/> .....Shopping<br><input type="checkbox"/> .....Parklands | <input type="checkbox"/> .....Local sporting venues<br><input type="checkbox"/> .....Local recreational venues<br><input type="checkbox"/> .....Museum/Arts Council |
|---|---|

I/we understand that I/we will be notified of any variation to school routine beforehand.

I/we understand that my/our child \_\_\_\_\_ will be bound by the rules and policies of The Glenleighden School while attending these outings.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I/we hereby authorise staff of The Glenleighden School to seek medical attention for my child (if required) and I/we understand that I/we will be informed of any incidents as soon as practicable.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

My/our contact details are: *(Please indicate hours and days of work if appropriate)*

|                     | Parent 1 | Parent 2 |
|---------------------|----------|----------|
| <b>Phone (home)</b> |          |          |
| <b>Phone (work)</b> |          |          |
| <b>Mobile</b>       |          |          |

My child's Medicare No. is :

|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
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Valid to :      



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