



Catholic Ladies' College Parental Permission Form

Nature and purpose of Activity	.....
Address	..........
Telephone Number	.....
Date/s of Activity	.....
Time and place of Departure	.....
Time and place of Return	.....
Method of Transport	.....
Clothing Requirements	.....
Special Requirements	.....
General Comments (if any)	For excursions where students will be exposed to the sun, it is compulsory that they apply sunscreen. Be SUNSMART.
Teacher(s) In Charge	.....



(Please tear off and retain top section)

Please return this section to the Homeroom Teacher by

Nature of Activity

STUDENT NAME: **HRM:**

I am willing to allow my daughter to participate in the activity as described above.

I authorise the staff in charge of the activity to consent, where it is impractical to communicate with me, to my daughter receiving such medical or surgical treatment as may be deemed necessary.

Please indicate if your daughter has any allergies or medical conditions:

Asthma Diabetes Anaphylaxis Other

If Other is ticked, please provide complete details:

Students to carry emergency medication with them:

EpiPen Asthma Pump Hypo Kit Other

If Other is ticked, please provide complete details:

Please indicated if your daughter has any special dietary requirements:

Vegetarian Gluten-free Dairy-free Other

If Other is ticked, please provide complete details:

Parent signature:

Parent contact number/s during the excursion:

Date: