



Flemington Primary School

Mt Alexander Road
PO Box 7
Flemington 3031
Telephone: 9376 7137 Facsimile: 9376 2230

I have been advised of an excursion for my child to _____

on _____ day _____ date

I have misplaced the form and hereby give permission for my child to participate.



I give permission for _____ in Grade _____

to attend the excursion as arranged for the grade / grade level as identified above.

I understand that my child will be travelling by bus / tram / private vehicle and I authorise the teacher in charge to consent, where it is impractical to communicate with me, to my child receiving such medical treatment as may be deemed necessary.

My child has a medical condition _____

Signed _____ Date _____

Name: _____

Phone number _____ Mobile _____