



Doreen Primary School  
Permission Note

For \_\_\_\_\_ on \_\_\_\_\_  
(Name of Excursion/Activity) (Date of Excursion/Activity)

Family Name \_\_\_\_\_

I understand my child/ren \_\_\_\_\_  
will be attending the abovementioned excursion/activity.

Where transport is required I understand that my child may be travelling by bus or by private car.

I give permission, where it is impracticable to contact me, to the teacher in charge consenting to any medical treatment as may be deemed necessary.

Comments/Special instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

\*\* Full uniform should be worn to all excursions along with any other clothing Required for the day.\*\*