



YUGUMBIR STATE SCHOOL

Vansittart Road
Regents Park
Qld 4118

Phone: 3380 0333
Fax: 3380 0300

Permission Form

I give permission for my child _____ in Year _____ to attend the class excursion on _____.

My child has the following medical conditions which need to be monitored during the excursion:

I acknowledge that the Department of Education, Training and the Arts does not have Personal Accident Insurance cover for students.

Parent's/ caregiver's name: _____ Signature: _____

Date: _____