



Narre Warren North Primary School  
Telephone: 9796 8261 Fax: 9796 9598

**Excursion / Activity Permission Notification Report Reminder**

**Excursion / Activity Payment Reminder**

According to our records, the following Excursion / Activity has not been paid for, or the signed Permission Notification Report has not been received at school. If you do not agree with this, please contact our office staff. If you have paid by Qkr! in the last 24 hours it may not have been processed. **Where possible please use the original permission slip.**

**Student Details**

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
First Given Name Surname / Family Name

**Excursion Details:**

**Excursion/Activity:** \_\_\_\_\_

**Date of Excursion/Activity:** \_\_\_\_\_

**Cost of Excursion / Activity:** \$ \_\_\_\_\_ **Please use CSEF for this activity**

**Payment must be made by this date:** 9.30 a.m. on \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

**Home telephone:** \_\_\_\_\_

**Mobile Number:** \_\_\_\_\_

**Emergency Contact Number for Excursion/Activity:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

**Doctor's Telephone:** \_\_\_\_\_

**Medicare Number:** \_\_\_\_\_ **Ambulance Cover: Yes / No**

I consent to my child taking part in this excursion/activity and where the teacher in charge of the excursion/activity is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.
- Administer such first aid as the teacher in charge may judge to be reasonably necessary.

**Name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Department of Education and Training requires this consent to be signed for all students attending school excursions/activities.

**Note: Parents/Guardians must provide written approval prior to their child taking part in any excursion/activity.**