



St Kevin's Catholic Primary School

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October 2018

Dear Parents,

Please complete the permissions below concerning local excursions and medical attention.

Completed form **MUST** be returned to the school office by **Friday 23rd November 2018** along with the Catholic Schools Office (CSO) photograph / video permission, Family Registration form, and Family Verification report.

NOTE: These permissions remain applicable for the 2019 School Year.

1. Do you give permission for your child/children to participate in local area excursions, e.g. walk to the beach, park or within local area for excursions/activities? **YES/NO**
2. If in time of emergencies, accidents or serious illness, you cannot be contacted, do you give permission for the Principal (or representative) to seek medical attention for your child/ren as required? This may include transportation to the nearest hospital, medical centre or doctor, by ambulance or private vehicle? **YES/NO**

FAMILY SURNAME: _____

Child's Name: 1: _____ 2019 Grade: _____

2: _____ 2019 Grade: _____

3: _____ 2019 Grade: _____

4: _____ 2019 Grade: _____

Signature 1: _____ Name: _____ Date: _____

Signature 1: _____ Name: _____ Date: _____

RETURN TO THE SCHOOL OFFICE BY FRIDAY 23rd NOVEMBER 2018