



**St John the Apostle  
Catholic School**

*Strength & Gentleness*

Dear Parents,

Please complete the permission notes below concerning publicity, local excursions and medical attention and return to the office by **Friday 16<sup>th</sup> NOVEMBER** with your “Family Registration Form”.

***These permissions remain applicable for the 2019 School Year.***

1. Do you give permission for your child/ren to participate in local area excursions, eg: walk to the park, church or local area etc for school excursions and 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: .....	<b>Asthma:</b> Yes/No
2: .....	2019 Grade: .....	<b>Asthma:</b> Yes/No
3: .....	2019 Grade: .....	<b>Asthma:</b> Yes/No
4.....	2019 Grade:.....	<b>Asthma:</b> Yes/No

\_\_\_\_\_  
*Signature 1*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature 2*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Date*