



**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 20th NOVEMBER** with your “Family Registration Form”.

These permissions remain applicable for the 2021 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	2021 Grade:	Asthma: Yes/No
2:	2021 Grade:	Asthma: Yes/No
3:	2021 Grade:	Asthma: Yes/No
4.....	2021 Grade:.....	Asthma: Yes/No

Signature 1

Name

Date

Signature 2

Name

Date