CHRYSALIS STEINER SCHOOL
educating the whole child

11 June 2020

Permission Note for Attendance at Class 2 Camp at school on Friday 24th and Saturday 25th August 2020

I give permission for my child _____ to stay at Chrysalis for the Class 2 School Sleepover Camp from Friday 24th to Saturday 25th August inclusive.

Please pick up your child from school at 10am on Saturday.

I understand that my child will:

- Travel by bus to school on Friday as usual. Camp activities will begin after school.
- Participate in games on the oval, craft and cooking activities.
- Accommodation will be in the Hall at Chrysalis with own sleeping gear.

I _____ authorize the teacher in charge of the camp to seek medical attention for my child _____ should the need arise.

Medicare Number _____ Position on card _____ Card expiry _____

In case of emergency/illness I have provided the following 3 contact numbers:

Name: _____ Phone: _____ (Parent / Relative / Friend)

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Name: _____ Phone: _____ (Parent / Relative / Friend)

I understand that my child must follow the directions of the Class Teacher and Supervising Adults on Camp. Should my child fail to follow instructions or behave in a manner that is dangerous to the child and/or others; the teacher may decide to send my child home. I understand that I am responsible for the costs associated to bring my child home should this need arise.

Parent Signature: _____ Date: _____

Please return this form and the medical details form by Wednesday 17th June 2020.