

PERMISSION SLIP
(Please complete all information)



Trip name:	
Date of trip:	

I give my permission for _____ (full name of child) to travel by car. In the event of injury I give permission for a member of staff to administer an analgesic.

Please complete if relevant:

I have completed a Validation for Voluntary Vehicle Use form and handed to the school office:

I can help with transportation to and can take children.

I can help with transportation from and can pick up children.

I can help with transportation to and from and can transport children.

I only give permission for my child to travel in a car driven by:

I enclose a voluntary contribution of _____ Yes/No

Emergency contact name:.....

Emergency contact number :.....

Signature.....

Printed Name.....

Date:

Permission slips should be sent to the school office at least a day before the trip.