



# NARRANDERA HIGH SCHOOL

Phone: (02) 6959 1744

Principal: Mrs Marni Milne

Fax: (02) 6959 3297

PO Box 34, NARRANDERA NSW 2700

Dear Parents and Caregivers

Your son or daughter has the opportunity to be involved in an excursion, the details of which are as follows:

Excursion:					
Purpose:					
Venue:					
Date		Commences:		Concludes:	
Transport:					
Supervision:					
Cost:					
Additional Information:					

If you are happy for your child to participate in this excursion, please complete the permission note below and return it to the school office with any applicable payment by

Organising Teacher -

✂ Please complete and return to school

Fee ID:

## NHS Permission Note for:

I give permission for my son or daughter \_\_\_\_\_ in Year \_\_\_\_\_ to attend the excursion, and agree to the details below:

Purpose:					
Venue:					
Date:		Commences:		Concludes:	
Transport:					
Supervision:					
Cost:					
Parent Contact Phone:					
Payment Method:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> EFTPOS <input type="checkbox"/> POP			POP Receipt No:	

☐ I consent to my child being photographed/filmed in relation to this activity, to be used for promotional purposes.

My child has the following medical conditions, allergies, special dietary needs, medications required, of which you should be aware (eg: asthma): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Caregiver)