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blessedperfectacademy@gmail.com

PARENT/GUARDIAN CONSENT FORM

CONSENT FORM FOR _____ **EXCURSION**

TO BE RETURNED SIGNED TO THE SCHOOL BY _____(*date*)

Contact Information

☏Home:	☏Work:	☏Mobile:
Other:		

I have read and understood the information regarding the school excursion to be undertaken by my son/daughter (name) _____ who is in Grade_____ and give my consent for my son/daughter to attend.

Signature of parent/guardian: _____ ***Date:*** _____

***The following details have changed from those recorded on my child's medical information form**

_____

_____

_____

_____

_____

_____

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_____

_____