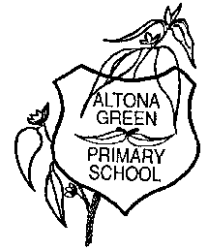


# Altona Green Primary School

230 Victoria Street, Altona Green 3028 Phone: 9360 0777 Fax 9360 0956



## Generic Excursion Notice

Where: .....

Date: .....

I give permission for my child \_\_\_\_\_ of grade \_\_\_\_\_  
to attend the excursion to ..... under the supervision of  
Altona Green Primary School staff on .....

I understand the children will be travelling by .....

I authorise the teacher in charge of the excursion to consent where it is impracticable to  
communicate with me, to the child's receiving such medical or surgical treatment as may be  
deemed necessary.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Medicare Number: \_\_\_\_\_