



ST BERNARD'S CATHOLIC PRIMARY SCHOOL

Warrina Street, Berowra Heights, NSW 2082

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PARENT CONSENT FORM

NAME OF CHILD: _____

1. In the event of an accident or sudden illness, and I (or my nominated emergency contact) are unable to be contacted, I authorise the Principal or a delegated staff member to obtain the necessary medical or other assistance for my child.

PARENT'S NAME: _____

PARENT'S SIGNATURE: _____

MEDICARE NUMBER: _____

2. I / We give permission for my child to accompany the teacher on walks outside the school grounds when they are implementing units of work. These will only be in the immediate neighbourhood e.g. walking to Warrina St. Oval or other venues within "walking distance" of the school.

(You will always be given notification of other excursions and the opportunity to give or refuse permission for your child to participate.)

Please print your name, sign and date below:

PARENT'S NAME: _____

(PLEASE PRINT)

PARENT'S SIGNATURE: _____

DATE: _____