

MT. WAVERLEY NORTH P.S.

HOLIDAY PROGRAM EXCURSION INDEMNITY FORM

Monday 21st September to Friday 2nd October 2009

I give permission for the child/ren, whose names are listed below, to attend the excursion/special activity.

<p><u>Tue 22nd September</u> <u>Incursion Jumping Castle</u> <u>Cost \$8.50</u> <u>Includes Lunch</u></p> <p><u>Wed 23rd September</u> <u>Walk to/from Syndal pool</u> <u>Cost \$9.00 Includes Lunch</u></p>

<p><u>Frid 25th September</u> <u>Picnic at Lawrence Rd Park</u> <u>BYO Lunch</u></p> <p><u>Wed 30th September</u> <u>Bus trip to/from</u> <u>Rollerama Scorsby and</u> <u>Caribbean Gardens Cost \$21.00</u></p>

(CHILD'S NAME)

(CHILD'S NAME)

(CHILD'S NAME)

(CHILD'S NAME)

In the case of illness or accident, I authorise the Staff at the program to seek medical or other attention as required **at my cost.**

I understand, that although all care and supervision is provided, neither the Holiday Program nor its' officers and servants will be liable for any damage or injury, however caused or of whatever nature that may be incurred by any of my children during attendance at this excursion.

Telephone no.; _____ Emergency Phone No; _____

Doctor's Telephone no; _____

Medicare no; _____ Ambulance Subscription : _____

Signed; _____ Date: _____
(Parent or Guardian)

**Children will not be permitted to attend an excursion unless
this form is completed.**