

PERMISSION SLIP FOR

CONFIRMATION RETREAT DAY 6/5/2021

I give permission for my child _____ to attend the Retreat Day held at St. Kevin's Parish, Templestowe. In the event of any illness or accident I give permission for obtaining on my behalf of any such medical assistance as my child may require. I accept all operations, blood transfusions and /or anesthetic risks involved and the responsibility of any expenses.

Does your child have any medical allergies? _____

If yes, please specify _____

Free Dress Day please send a snack for Recess, water bottle & BYO lunch with them.

Parent/Guardian _____ Date _____