

**PERMISSION SLIP FOR**

**RECONCILIATION RETREAT DAY 22/4/2021**

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 \_\_\_\_\_