



EOTC PERMISSION SLIP

Information for Parents/Guardians

TRIP NAME **Junior Camp**
 Date of Trip **18th November 2020**
 Destination **Camp Adair**
 Departure **18th November 2020 – 9am**
 Return **20th November 2020 – 3pm**
 School Contact Phone **09 444 9066**
 Trip Coordinator **R Anderson and R Colquhoun**
 Payment **Please pay \$90 to the school Finance Office by 6th November 2020**

Permission Slip *(please remove and return to your form teacher)*

Student Name _____
(Please Print)

TRIP NAME **Junior Camp**

Date of Trip **18th November 2020 – 20th November 2020**

I/We give permission for _____ to participate in the above trip.
(Student Name)

I/We agree that he/she will abide by the School Rules and will do nothing that will bring the school into disrepute.

I/We agree that our son/daughter may travel in transport organised by the school.

Medical and/or dietary information which the School should be aware of: (if nothing, please state "Nil")

I/We authorise the obtaining on my/our behalf, any medical assistance or treatment if, in the opinion of the staff, such treatment is necessary and I/we agree to meet all costs and fees incurred.

I/We understand and agree that Glenfield College or its staff will not accept responsibility for loss or damage to personal property.

I/We undertake responsibility for any expenses incurred for early return of son/daughter.

I/We have discussed these matters with my son/daughter and accept these conditions without reservation.

Signature of Parent/Guardian _____ Date _____

Contact Person _____ Contact Phone Number _____ Alternative Phone Number _____

Student's Declaration

I _____ agree to abide by the School Rules as they apply to the EOTC trip to _____ on _____
(Student's Name) *(Destination)* *(Date)*

I agree to fulfil all requirements of the trip and agree to do nothing which will endanger the safety of other members of the group. I agree that I will do nothing which will bring the school into disrepute.

Signature of Student _____ Date _____