

# Kilberry Valley Primary School

Please sign this permission form and return to school ASAP.

I give permission for my child to walk on a class excursion in the  
local area of Hampton Park.

I authorise the teacher in charge to seek medical attention if necessary.

Child's Name .....

Signed ..... ( Parent / Guardian )

Date .....

This authority will remain in place for the time your child is enrolled at KVPS.

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