



# Christ the King Catholic School

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New Zealand

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February 2010

## PERMISSION FOR ACTIVITIES OUTSIDE THE CLASSROOM - 2010

We wish to have one PERMISSION SLIP for all activities involving children leaving the school grounds. This will cover all transport options such as private cars, bus, train, biking or walking. Activities include swimming, inter-school sport, manual training, choir rehearsals and dental clinic visits. The permission slip will cover activities for the current year only and a new slip will require signing at the start of each year.

In addition, parents will be notified in writing of all additional trips with details of transport, date, time away from school, cost involved, supervision required, etc. At this time you may discuss with the class teacher any concerns regarding the trip. In all of these activities strict safety procedures will be followed. Overnight trips will require a separate permission slip.

On the rare occasions when children are being transported in private vehicles, the driver must have a current driver's licence and the vehicle must be registered and have a current Warrant of Fitness. It is compulsory to have each child secured by a separate safety belt.

Due to our increased use of digital cameras on class trips and camps, we often want to display these photos on our school website, or in other educational settings or publicity. We need to have your permission to use these photos.

Please fill out the slip below with the necessary details, sign and return to the school office - thank you.

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### CHRIST THE KING SCHOOL

#### Permission for Activities Outside the Classroom 2010

- 1 I give permission for \_\_\_\_\_ in Room \_\_\_\_\_ to participate in activities outside the school grounds, as arranged, as part of the curriculum programme for 2010. **YES / NO** *(Please circle one)*
- 2 I give permission for photos of \_\_\_\_\_ to be used as described above. **YES / NO** *(Please circle one)*
- 3 Medical Conditions (eg asthma): \_\_\_\_\_  
If at any time my child requires medication, I agree to come to the school office and complete an authority form so that school staff can administer medication. **YES / NO** *(Please circle one)*
- 4 I give permission for my child to walk to/from the Dental Clinic (Burnside Primary School) with a Senior (Yr 7/8) student. **YES / NO** *(Please circle one)*
- 5 **YEAR 7/8 STUDENTS ONLY:** I give permission for my YR 7/8 child to escort younger children to and from the Dental Clinic at Burnside Primary School (Ph No. 351 8126) **YES / NO** *(Please circle one)*

**SIGNED** \_\_\_\_\_ **DATED** \_\_\_\_\_

**CONTACT PH NUMBERS** (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_

(Cell) \_\_\_\_\_

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