



St Columba's Catholic Primary School

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Healthy School

PS/JHa

Trip Permission Slip

I give permission for _____(child's name)

_____ (child's class)

to attend the trip to _____(location)

on _____(date of trip)

Emergency Contact telephone number/s: _____

Medical information/allergies etc: _____

The arrangements for my child to get home afterwards are: _____

Signed: _____(Parent/Carer)

Date: _____