

**BERKELEY VALE VACATION CARE  
 PERMISSION NOTE FOR SEPTEMBER/OCTOBER 2010  
 EXCURSIONS**

I hereby give permission for my child/children to attend the excursion as initialled below. I understand my child/children will be travelling by bus to and from the excursion. I understand that my child/ren will not attend any excursion not initialled or that is not related to their age group.

CHILD'S NAME

AGE:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

Please ensure you have listed all your children attending and signed above.  
 Please ensure you have initialled the days permitted below. Thank you.

<b>Date</b>	<b>Activity</b>	<b>Parents Initials</b>
Tues 28/9/10	Taronga zoo	_____
Wednesday 6/10/2010	Over 9's C.A.R.E.S.	_____
	Under 8's Movies	_____
Friday 8/10/10	Fort Scratchley	_____

**Please note due to insurance and management policy children can only attend their age specific excursion.**