

PERMISSION / MEDICAL FORM - 2018

Please return this form to your teacher by Friday 10 August

_____ has permission to attend the Museum

Sleepover on either: (please circle)

- Thursday 16 - Friday 17 August = Rooms 3 and 7
- Thursday 23 - Friday 24 August = Rooms 4 and 8

SPECIAL DIETARY REQUIREMENTS (please state)

MEDICATION AND HEALTH (or any other concerns you have – please state)

Home phone number _____

Cellphone number _____

Parent's/Caregiver's
signature _____

Please note that this form is different to the one that was sent out asking for parent helpers and transport to the Museum. This one is specific to provide permission for your child to attend the sleepover and to add any specific dietary or medical requirements.