



Matthew Flinders Outside School Hours Care | Excursion Permission Form

This form must be completed, signed and returned for children to attend excursion.

Excursion Name	
Excursion Date	
Child 1 Name	
Child 2 Name	
Child 3 Name	
Parent/Guardian's Emergency Phone Contact 1:	
Parent/Guardian's Emergency Phone Contact 2:	
** Please advise 2 Emergency Contacts, preferably who are easily contactable and in close proximity in case of an accident or emergency**	
Is your child's medical information current and up-to-date with the College?	
Parent Signature	
Date	

Please complete and return this form to Outside School Hours Care - asc@mfac.edu.au

Thank you