CLOVELLY PARK PRIMARY SCHOOL VACATION CARE PROGRAM $14^{\text{TH}} \text{ DECEMBER } 2020-22^{\text{ND}} \text{ JANUARY } 2021$ PH 8276 5366 OR 0418 585 142

Permission Slip.

I give permission for my child / children to travel by Adelaide Metro bus to Marion Bowland on Wednesday 6 th of January. I will provide sunscreen for my child. Y/N (Please Circle) Risk assessment available to view at service I will provide a sun smart hat for my child / children to wear during all outdoor activities. Ratio 1:8 Signed:
I give permission for my child / children to travel by Adelaide Metro to AFL MAX on Monday 18 th of January. We will be travelling by bus to and from the venue. I will provide a sun smart hat for my child / children to wear during a outdoor activities. My child will wear enclosed shoes for the excursion. Risk assessment available to view at service Ratio 1:8 Signed:
I give permission for my child / children to bring their own Electronic games on Friday 15 th of January. I will do so a our own risk and will not hold OSHC responsible for any loss or damage to my child's property. Y/N (Please Circle Risk assessment available to view at service. I will ensure that any content or games are age appropriate and rate as such (G) Signed:
I give permission for my child / children to watch any (G) rated movie to be named closer to the day on Friday 22 nd of January.