

St John's College 2017

Permission Form: Queensland Catholic Cup

Teacher in Charge: Ms Kristen Medveczky

As a Parent/Guardian of	(print student name)
l,	(print parent/guardian name)
give my consent for her to participate in a St. John's	College Netball Team competing in the
Queensland Catholic Cup on Tuesday 16 th May 2017 ar	nd to travel to the venue by school bus.
This form MUST be submitted to the office by Frid	day 12 th May, 2017. A student cannot
participate in the competition if this form is not submi	itted.
I consent that teachers and instructors may take whan accident occur and agree to pay all medical estudent.	
I consent to my daughter travelling on a school transport where such transport is deemed by the sc	
I submit the attached medical information about limitations that she has for the activity concerned.	
I further authorise qualified practitioners to adm arises. I understand that in such circumstances tead guardian but will maintain the child's wellbeing as	chers will attempt to contact the parent or
I am aware of the program and type of activities th	at my child shall be participating in.
I accept that teachers and instructors may take approtoned to ensure the safety, wellbeing and successful individually in the above mentioned activities.	
I confirm that I have made the College office award and emergency contact information.	e of my daughter's current medical details
Signed:(parel	nt signature) Date:

PLEASE RETURN THIS FORM TO THE LOCKED BOX AT THE STUDENT COUNTER IN THE OFFICE.