McDonald’s Hoop Time – State Basketball Centre, 291 George Street, Wantirna South.

I give permission for my child, _______________________________ of Grade ______ to attend McDonalds Hoop time, travelling by seat belted bus, on Thursday 13th August, at the State Basketball Centre, 291 George Street, Wantirna South.

I understand that in order for my child to attend, payment must be made in full by August 5th 2015.

I authorize the teacher in charge of the event and present on the day to consent, where it is impracticable to communicate with me, to my child’s receiving such medical or surgical treatment as may be deemed necessary.

Any student medical condition that the teacher/ coach in charge needs to be aware of: ____________________________

Parent/Guardian ____________________________
Signed ____________________________ Date ______________

Emergency Phone Contact
_______________________________