

GOBOWEN ROCKS 2025

TUESDAY 8 JULY 2025

*Please return this form to the school office by **Tuesday 1 July 2025***

Child's Name: _____ Class: _____

Please tick:

I give permission for my child to attend this event.

My child uses an inhaler, they will have it with them on the day. Their name will be clearly labelled on the inhaler.

I/We will be attending the event and will collect our child at 5.15pm.

I/We will not be attending the event. My child will be collected at 5.15pm by

Name: _____

Contact phone number: _____

Signed: _____ *Parent / Carer* Date: _____