

# OPERATION ART WORKSHOPS

## PERMISSION / MEDICAL FORM

Dear Parent / Guardian

Please complete the following permission form for the visual arts day of workshops and **bring on the day** for registration.

I give permission for my son / daughter .....  
of class.....at .....School,  
to attend the Department of Education and Training's Visual Arts day of  
Early Stage 1  Stage 1  Stage 2  Stage 3  Digital  (tick the correct box)  
OPERATION ART Workshops at .....  
on (Date).....

I understand that I am responsible for my child's transport arrangements to and from the venue.

I am also aware that I may be contacted to collect my son / daughter if he/ she behaves inappropriately.

I agree that my son/daughter may be photographed, filmed or videoed and their image may be used by newspapers and TV media to report on the day.

I give permission for my son / daughter to receive medical attention if required.

PARENT / GUARDIAN : .....

HOME ADDRESS : .....

.....

CONTACT PHONE: .....

MEDICARE NUMBER: .....

FURTHER INFORMATION: .....

.....

SIGNATURE: ..... DATE:.....