

Permission Slip

Please complete the information below, sign and return to the school office or via email to letters@thedustonschool.org

Student Details			
Surname:			
Forename:			
Year:		Reg Group:	
Event:			
Date:			
Parent Signature:			
Parent Name:			
Emergency Contact Numbers:			
Email Address:			
Medical conditions update (Please give details of ongoing medical conditions not already held on school records)			
Permission to give paracetamol	YES		NO