

CONSENT FOR EMERGENCY TRANSPORTATION

In the event of an emergency I/we consent my child _____ being transported in a privately owned vehicle driven by a member of the supervisory staff listed below.

Melinda Bell / Melanie Tollit

Vehicles:

Mazda 6, Fully comprehensively insured, WJC 693

Corolla Conquest, Fully comprehensively insured, UOA 610

Date: _____ Signed: _____

Please tear here and return top half to your child's class teacher and keep bottom half for your records:

24 Hour EMERGENCY Contact:

Please contact the school first and speak to Julie Jones/ Sandi Young on 9404 1548.

If out of hours.....

**CYC The Island
Josie Dell'Aquila**

**5952 2201
0438 028 144**