Faulconbridge Public School: GARDENING CLUB

Permission Note

I,_______________________________________, give permission for my child,___________________________, of class,_____________, to take part in Gardening Club. I will send my child with gardening gloves and understand that he/she will be involved in weeding, pruning, planting and maintaining the school gardens and bush area, behind the cricket nets.

My child has allergies and/or a medical condition that will/may impact upon his/her participation in the activity and I have provided the school with a Health Care Plan and/or

I understand that this activity has the approval of the Principal.

Signed:__________________________ (Parent/Caregiver)
Name:__________________________ Date:__________________