



VICTORIA JUNIOR COLLEGE

CONSENT FORM

Form BF26


To: Parents / Guardians

This is to inform you that the college is organising the activity below, and we are seeking your consent for your child / ward to attend. If your child / ward has any medical condition(s) that may be adversely affected by the activity, he / she should not take part.

Please fill in the reply slip below and return to the teacher-in-charge, **latest by 7 Jan 2019**.

Activity	Venue	Date	Duration
VCA IP Year 5 Camp	Local campsite with dormitory facilities	9 to 11 Jan 2019	Students will be released from college by 3pm on 11 Jan.

Name of teacher-in-charge: Mr Russell Woo

Signature: 

Date: 9 Nov 2018

Please do not hesitate to contact us if you have any queries. Thank you.

(Please tear along the dotted line and retain the above portion for your reference.)

REPLY SLIP

To: Mr Russell Woo (Teacher-in-charge)

Activity: VCA IP Year 5 Camp (9 to 11 Jan 2019)

I **agree** / **do not agree*** to let my **child** / **ward*** take part in the above activity.

Name of student:

Level: **IP Yr 5 (VS)** / **IP Yr 5 (CGS)** / **IP Yr 6 (PSL)***

Name of parent/guardian: Relationship to student:

Contact numbers:(H)(HP) Email:

Signature of parent/guardian: Date:

*Delete where applicable