



**2017 INTER-HOUSE CROSS COUNTRY
Monday 27 March**

**Year 3 – 6 Students
EXEMPTION FORM (MEDICAL CONDITION) from
SCHOOL CROSS COUNTRY 2017**

My child _____ in class _____ **cannot**
participate in the school Cross Country on Monday 27 March, due to:

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.....

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.....

Parent/Carer Signature: _____

Parent/Carer Name: _____

Date: _____