

Authorised person to collect child

I hereby give permission for my child/ren: _____

to be collected from Caravonica Outside School Hours Care by the following authorised person/s:

Name: _____

Address: _____

Phone/s: (m) _____

(h) _____

(w) _____

Relationship to child: _____

Name: _____

Address: _____

Phone/s: (m) _____

(h) _____

(w) _____

Relationship to child: _____

Name: _____

Address: _____

Phone/s: (m) _____

(h) _____

(w) _____

Relationship to child: _____

The collector must produce photo identification. If they are unable to provide suitable identification the child/ren will not be released into their care and the parent/guardian will be contacted.

Parent/guardian Name: (please print) _____

Parent/guardian signature: _____ Date: _____