CARAVONICA OUTSIDE SCHOOL HOURS CARE COLLECTORS FORM

I hereby give permission for my child/ren:

________________________________________________________________________

________________________________________________________________________

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

Name of Person: __________________________________________________________

Relationship: ____________________________________________________________

Phone No: 

Home: __________

Work: __________

Mobile: __________

Name of Person: __________________________________________________________

Relationship: ____________________________________________________________

Phone No: 

Home: __________

Work: __________

Mobile: __________

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 Signature: ________________________________________________

Date: ____________________________