



# Middle Park Primary School Out Of School Hours Authorisation Form 2010

I am authorising the following people

1. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Ph home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Ph home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Ph home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Ph home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

5. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Ph home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

to collect my child/children \_\_\_\_\_

on any occasion without notifying an OOSH staff member. I understand by signing this form I am allowing OOSH staff to let the above people collect my child on any day without contacting me first. I also understand the above people will be required to show OOSH staff proof of identity in the form of an I.D photo. I understand if circumstances change and I do not wish for the above people to collect my child/children on any occasion, it is my responsibility to inform the OOSH Program of these changes.

\_\_\_\_\_  
Parents/Guardian's Name (Print)

\_\_\_\_\_  
Signature

Date to Commence: January 2010