



Albany Hills Outside School Hours Care

Extra Curricular Activities – Permission Slip

Child's Name	Day of Activity	Duration of Activity		Start Date	Activity Start Time	Activity Finish Time	Parent to Collect from Activity		Activity	Activity Location
		Permanent	Once Only				Yes	No		
1.										
2.										
3.										
4.										

Authorisation

I (parent's name) _____ give permission for my above child/ren to attend the above activity on the stated times. I understand that Albany Hills Outside School Hours Care Service will endeavour to escort my child/ren to the activity however at times may be unable to do so due to ratio requirements. I am aware of this and authorise my child/ren to leave the service unattended and walk from the service to the activity. I understand that if an activity finishes at 8.30am or 6pm that my child will be responsible for walking themselves to class in the morning or to designated meeting area with parent in the evening as the service closes at 6pm.

Parent Signature: _____

Date: ____ / ____ / ____

Notes: