Highgate OSHC Consent Form For After School Activities

Date: ............................

Name of Activity: .............................................

Time slot of Activity: From ................ to .................

Day ........................................ term ..........................

I give consent for ................................................... (Name of child)
to be collected by (signed in/ out) ..........................................................
................................................................................................. (Name of authorised person)

My child will not return to Highgate OSHC and will be collect from the after school activity. Yes /No

or

My child will be returned to OSHC and be signed back in by the above parent.

Yes/No

or

My child will attend Highgate OSHC after their after school activity and will be in the above authorised persons care. This person will sign my child into OSHC after the activity is finished. Yes/No

Please Sign Below

Name........................................ Signature.......................... Date.............