



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**.....