

## Consent to Release Student to Adult Other than Parent & Before or After School Care Arrangements

Dear Parent(s)/Carer(s)

If your child attends before and/or after school care **or** is regularly collected from school by someone other than an parent/guardian or primary carer, we would appreciate you advising the school by completing the information below. This will assist us ensuring we release your child only to people who have your consent and to provide us with details of carers who we might need to contact.

Child's Surname	Given Names	Year	Teacher
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Child's Surname	Given Names	Year	Teacher
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Child's Surname	Given Names	Year	Teacher
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

Name of Day Care/Agency : \_\_\_\_\_ Telephone: \_\_\_\_\_

Please circle days dropped off (DO) and/or picked up (PU) -

Monday DO / PU      Tuesday DO / PU      Wednesday DO / PU  
 Thursday DO / PU      Friday DO / PU

**OR**

1. Name of Before/After School Carer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to student \_\_\_\_\_

2. Name of Before/After School Carer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

### Special Instructions

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I agree to advise the school as information changes or if arrangements are made for someone other than the people identified above are to collect my child/ren.

Parent/Guardian Name: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_