

EMERGENCY CONTACT COLLECTION PERMISSION

The purpose of this form is to give written authorisation for emergency contacts to collect children from school between the hours of 8:35am to 2:35pm as per parent instruction. **Emergency contacts must be over 18 and provide photo ID upon collection.**

I _____ (insert parent name) give permission for

	Contact Name	Contact Number	Relationship to Student
Emergency contact 1			
Emergency contact 2			
Emergency contact 3			

to collect the children listed below from school:

Please tick

- ☐ In case of illness or injury
- ☐ For medical appointments
- ☐ Parent unable to collect
- ☐ Other _____

Child 1 Name	
Child 2 Name	
Child 3 Name	
Child 4 Name	

Consent will be considered valid until written notification withdrawing consent is given to Office Administration.

Parent Name: _____

Parent Signature _____ Date: _____

OFFICE USE ONLY

Entered into emergency contacts: ☐ Initial _____ Dated _____

Entered in contacts and uploaded: ☐ Initial _____ Dated _____