

Extra-Curricular Activities Escort Form MARTIAL ARTS

I give permission for my child _______to leave the care of

TSS OSHC to participate in MF Marial Arts extra-curricular activities at the school during these times below & to be collected & returned to OSHC by a MF Martial Arts staff member.

• I will collect my child when the activity finishes: YES NO

Day	Dates of Activity Start Finish		Activity child will be participating in	Timeframe Start Finish	
MONDAY			MF Marial Arts		
TUESDAY			MF Marial Arts		
WEDNESDAY			MF Marial Arts		
THURSDAY			MF Marial Arts		
FRIDAY			MF Marial Arts		

I have reminded my child to ensure that they do not leave the service until they are collected.

- I have reminded my child that they will be escorted to the activity by a MF Staff member and that they are to follow any directions given to them whilst enroute to and from the activity.
- I understand whilst away from the service participating in this activity, my child will not be under the care of TSS OSHC.
- I understand that responsibility for my child will once again be that of the service once my child is returned from the activity back to the service.
- I understand that I will still be charged for the time that my child is away from the service participating in extra-curricular activities.
- П I understand- to ensure that I notify the service when this arrangement changes.

Parent/Guardian name and signature: _____ Date: _____

Coordinator's name and signature: _____ Date: _____