



# Tewantin State School O.S.H.C

## Child Collection Authority Form

CHILD/RENS NAME/S: \_\_\_\_\_

Parent FirstName	Parent Surname	Relationship to Child	Mobile:	
<b>Give permission to the person listed below</b>				
FirstName	Surname	Relationship to Child	Mobile:	ID Licence Number
<b>To collect my child/ren</b>				

First Name	Surname	Allergy/Illness	D O B	Gender	Class
1.					
2.					
3.					

From Tewantin State School O.S.H.C on (day & date) \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If photo identification cannot be produced we will not be able to release the child/ren into that person's care.**

Authorised by OSHC Staff member \_\_\_\_\_ Date \_\_\_\_\_