



Tewantin State School O.S.H.C
Child Collection/Emergency Authority Form

CHILD/RENS NAME/S: _____

Parent FirstName	Parent Surname	Relationship to Child	Mobile:	
Give permission to the person listed below				
FirstName	Surname	Relationship to Child	Mobile:	Date of collection/ongoing

I give my permission for the above mentioned to (please circle): collect, emergency contact, medical contact, transport my child/ren.

The authorised person/s are aware of my child/rens medical conditions and allergies.

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 _____