EXTRA-CURRICULAR/SAFE TRAVEL AUTHORISATION FORM

Flagstaff Hill Primary School OSHC Service will support children to participate in extra-curricular activities that may be organised within school grounds, during OSHC operating hours. Families are required to complete this authorisation form prior to children attending extra-curricular activities during OSHC operating hours.

All children are to report to OSHC educator to be electronically signed in, and a designated OSHC educator will escort children to extra-curricular activity. Representative from extra-curricular activity (or their delegate) will walk children back to OSHC room and verbally hand children over to an OSHC educator.

CHILD'S FULL NAME												
PARENT NAME												
PARENT CONTACT DETAILS												
		•										
Type of extra-curricular activity												
Name and contact of activity representative (Coach/Teacher)				Contact No.								
Location of activity (e.g., gym, oval, classroom)												
Dates of Activity: (or circle terms)			Specific dates: Term 1; Term 2; Term 3; Tern							erm 3; Term 4		
Activity day (please tick)			MON	TU	E	WED		TH	HURS FR			
Activity time			START		am/pm			ND	am/pm			
Time will leave OSHC			am/pm		Fime will return to OSHC or indicate not returning)				am/pm			
			1									
INCLEMENT WEATHE	stative will notify OSHC if extra-curricular activity is cancelled eather conditions, eg rain/extreme heat OR any other reason											
CONSENT (parent to read and sign)												
I give consent for my child to attend the above extra-curricular activity during OSHC hours. I understand that an OSHC educator will sign my children out at the time of their attendance at the extra-curricular activity and sign them into the OSHC Service upon their return. I understand that if I (or an authorised nominee) arrives to collect my child during the extra-curricular activity, I must notify the OSHC Service prior to my child leaving the premises. I agree to notify the OSHC Service if there are any changes to my child's attendance of the activity.												
Parent Name	Parent Name					Contact No.						
Signature					Date	Date						