



Normanhurst West OSHC

Out of Centre Activity Authorisation Form

Child Surname: _____

Child First Name: _____

I give my child permission to attend the following Out Of Centre Activities.

| Day & Start Date | Activity | Start Time | Finish Time | Location e.g. hall |
|--|----------|------------|--|--------------------|
| <small>Pls circle: One-off / Wkly / Frightly</small> | | | <small>Pls circle: returning / not returning</small> | |
| <small>Pls circle: One-off / Wkly / Frightly</small> | | | <small>Pls circle: returning / not returning</small> | |
| <small>Pls circle: One-off / Wkly / Frightly</small> | | | <small>Pls circle: returning / not returning</small> | |
| <small>Pls circle: One-off / Wkly / Frightly</small> | | | <small>Pls circle: returning / not returning</small> | |

I understand:

- Centre staff will remind my child to attend the activity, however will not be held responsible should my child refuse to attend.
- If the staff believe it is in my child's best interest for them to not attend the activity, they may refuse the authorisation. This will only be in the case of extenuating circumstances.
- Where my child attends an activity straight after school, they must attend OOSH, have their name marked off and be signed out by the responsible person on duty, prior to going to their additional activity. This is so the staff can account for the safety of every child in their care.
- After returning from an out of centre activity, my child must advise the staff member they have returned from the activity so they can be signed back in. Staff from OSHC will collect the child from the out of centre activity.
- It is my responsibility to advise the centre of any changes to the abovementioned out of centre activities.
- It is my responsibility to advise the centre if I will be collecting my child straight from the out of centre activity prior to this taking place, and to attend the centre to sign my child out.

Signed by Authorised Person

Authorised Person Name: _____ Signature: _____ Date: _____

Nominated Supervisor (or Responsible Person on Duty) Authorisation (STAFF USE ONLY)

Staff Name: _____ Signature: _____ Date: _____