

Extra-Curricular Activity Permission Form

This permission form meets the relevant regulatory and compliance requirements as outlined in the Education & Care Services National Regulations Part 4.2-Division 6-99 & Part 4.7-Division 1- Subdivision 1-158 & 160.

Child(ren) name:						
Activity attending:						
Please fil	ll out an individ	ual form for each d	activity as required.			
Onsite Officito						
Name & contact number of person(s) ta	aking the act	vity:				
When will they be absent from the cent			Other			
BEFORE SCHOOL		. 2 5 4				
Mon Tues Absent from:	am	Returning at	Thurs :		Fri	_am
AFTER SCHOOL	- L	Not returnin	g			
Mon D Tues			Thurs		Fri	
Absent from:	nm		:			pm
Parent/Guardian Permission			-			
 I accept that MPOOSH educators a activity but will no be held respons I accept that my child(ren) attendin not be under the supervision of the I understand that MPOOSH staff ar centre. I accept that if I collect my child dir return to MPOOSH I need to notify 	sible if my chil ng and travell e MPOOSH sta re not respons rectly from th	d does not go wl ng to and from a aff. sible for my child e extra curricular	hen reminded. activities during ar I whilst they are al r activity when the	n OOS bsent ey wou	H ses from uld us	sion will the OOSH sually
Name Parent/Guardian						
Signature			Date:			
Office use only:			rde undeted.			
Date received: Received By: Other:		Updated b	rds updated: oy:			