

OATLEY OOSH CARE INCORPORATED

Phone - 9580 6591 Postal Address - PO BOX 263 Oatley NSW 2223 Email - enquires@oatleyoosh.org.au

ACTIVITY PERMISSION FORM

I give permission for my child _____ to attend the following activities during Oatley OOSH CARE hours.

Activity	Day	Starting Time	Where is Activity	Please tick each box that applies	
				<input type="checkbox"/>	OOOSH will take my child to activity at _____
				<input type="checkbox"/>	OOOSH will collect my child at _____
				<input type="checkbox"/>	My child will be going/home from the activity
				<input type="checkbox"/>	My child will be going directly there and returning to OOOSH at _____pm
				<input type="checkbox"/>	OOOSH will take my child to activity at _____
				<input type="checkbox"/>	OOOSH will collect my child at _____
				<input type="checkbox"/>	My child will be going/home from the activity
				<input type="checkbox"/>	My child will be going directly there and returning to OOOSH at _____pm
				<input type="checkbox"/>	OOOSH will take my child to activity at _____
				<input type="checkbox"/>	OOOSH will collect my child at _____
				<input type="checkbox"/>	My child will be going/home from the activity
				<input type="checkbox"/>	My child will be going directly there and returning to OOOSH at _____pm

I understand that no responsibility will be taken by Oatley OOSH CARE for my child's safety and wellbeing during these activities.

Parent/Guardian Print _____ Signature _____ Date _____

Received by		Date	
-------------	--	------	--

