

OATLEY OOSH CARE INCORPORATED

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

CASUAL ACTIVITY PERMISSION

I give permission for my child _____ to
attend _____ on the _____ only.

Activity	Start time (If applicable)	Finish Time (If applicable)	Meeting Place

I understand that no responsibility will be taken by OOSH for my child's safety and wellbeing during the time of activity and agree that this permission is only applicable to the date indicated above.

Parent / Guardian (Print) _____

Parent / Guardian Signature _____ Date _____

Received by		Date	
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