



## Samuel Gilbert Out of School Hours Care Extra Curriculum Activities

I ..... here by authorise the staff of Samuel Gilbert Out of School Hours Care Centre Inc. to release my child/ren .....  
from the services care on ..... at ..... am/pm  
to attend Activity:.....Where:.....  
Authorised Person: .....

My child/ren will be returning **Yes / No** to the service by ..... am/pm

- I accept full responsibility for my child/ren during the time they are absent from the service.
- I accept that my child/ren attending to and from activities during an OOSH session will not be under the direct supervision of the services educators.
- I accept that I am required to sign my child/ren out of the service if I collect my child directly from the extra curricula activity.

Parent/Guardian: .....Sign.....

Date:.....

**Regulation 99.(4)A child may only leave the premises if the child is given into the care of (ii)a person Authorised by a parent. 158. 160**



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