Collection Form

I give permission for my child (named above) to be collected at the end of the school day by the named person(s) below and agree to contact the school in writing or, where writing is not possible, by telephone, if any person(s) not on this list are due to pick up my child.

|  |  |  |
| --- | --- | --- |
| **Name**  | **Relation to child** | **Other details i.e. particular days** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **First signature:** |  | **Second signature:** |  |
| Name in full: |  | Name in full: |  |
| Relationship to child: |  | Relationship to child: |  |
| Date: |  | Date: |  |