

Authorised People to Collect Children*



Child's Name: _____

Class: _____

Date: _____

Authorised Person	Relationship to Child (If sibling please indicate age) *	Days of collection	Authorised by	Signature

I confirm that these are all the people that are authorised to collect my child and if there are any changes to the above I will contact the school before 2 p.m. on the date to inform them.

***Please note that if siblings, no child under 16 years old should collect/care for someone younger than themselves.**