

### PERMISSION TO ATTEND EXTRA-CURRICULAR ACTIVITY

Extra-Curricular Provider name: \_\_\_\_\_ [e.g. Music Bus] Mobile: \_\_\_\_\_

Activity to be undertaken: \_\_\_\_\_ [e.g. Music Lesson]

Location/ Address: \_\_\_\_\_ [e.g. Kindy Room]

Day: (circle) Monday, Tuesday, Wednesday, Thursday, Friday

Date Range: From: / / To: / /

Departure and return times: BSC: \_\_\_\_\_ am to \_\_\_\_\_ am; ASC \_\_\_\_\_ pm to \_\_\_\_\_ pm.

I give Permission for my child/ren \_\_\_\_\_; and \_\_\_\_\_  
to be signed out of the care of 3Bridges \_\_\_\_\_ Before School Care or After School Care (circle)  
and handed over to the care of the provider to participate in extra-curricular activity.

The provider will return my child/ren to the Responsible Person OSHC by \_\_\_\_\_ am; \_\_\_\_\_ pm.

I agree to advise OSHC should I collect my child directly from the extra-curricular activity.

I understand that my child is the responsibility of the provider from the time signed out from OSHC to the time signed back in to OSHC.

Parent Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Person receiving: Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of this form is to be kept on record at 3Bridges \_\_\_\_\_ OSHC Service for 12 months.