

Wrap Around Care Authorisation Form for Child Collection

Childs name _____

The following is a list of people with the authorisation to collect your child from wrap around care:

Name:	
Address:	
Telephone:	Relationship to child:

Name:	
Address:	
Telephone:	Relationship to child:

Name:	
Address:	
Telephone:	Relationship to child:

If someone other than those listed on this form come to collect your child, you will be contacted to gain authorisation. Please ensure staff are aware of who will be picking your child up and are kept informed of any changes.

Print name _____

Sign _____

Date _____