

SOUTHSEA INFANT SCHOOL

CHILD COLLECTION INFORMATION



CHILD'S NAME:.....

CLASS:

THE NAME OF THE PERSON WHO WILL NORMALLY COLLECT MY CHILD IS:

.....

I ALSO AUTHORISE THAT THE PEOPLE NAMED BELOW CAN COLLECT MY CHILD:

NAME:

TELEPHONE NUMBER

NAME:

TELEPHONE NUMBER

I UNDERSTAND THAT I MUST TELEPHONE THE SCHOOL  
IF ANY OTHER PERSON IS TO COLLECT MY CHILD

SIGNATURE: