## **COLLECTION PERMISSION SHEET**

Name of Child					Class Teacher		
Names	of all	adults who ma	y collect my ch	ild (inclu	ding Mum	n and Dad)	
Name of adult – (Please Print)					What your child calls that adult – (Please print)		
People	who r	egularly collec	t my child on se	et days.			
		Monday	Tuesday	Wed	nesday	Thursday	Friday
Name adult	of						
What y	our/						
child calls that adult							
triat ac	<i>-</i>						
[]	I give permission for these people to collect my child.						
[]	I understand that if any other adult is to collect my child, I will contact the school to inform them. (Via telephone or give a written note to the teacher or complete the 'Daily Changes to Routine Collections' sheet at my child's classroom or complete the sheet at Breakfast Club).						
[]	I understand that if someone else collects my child in an emergency, and I am unable to call the school, then a member of the school staff will keep my child safe in school until someone with parental responsibility can be contacted.						
[]	I understand that if there are changes, I must accept responsibility for informing the school.						
For olde	er chil	dren only					
[]	I give permission for my child to walk home alone.						
[]	I give permission for my child to meet me at a younger child's class.						
[]	I give permission for my child to meet me at one of the school gates.						
Signed							
Name			(	'Please n	rint)	Date	