

## SAMFORD STATE SCHOOL OSHC ACTIVITIES ESCORT FORM

I give permission for my child \_\_\_\_\_ to leave the care of Samford State School OSHC in order to participate in extra-curricular activities at the school during these times:

| Day       | Period/Dates of Activity |             | Activity child will be participating in | Time frame |        |
|-----------|--------------------------|-------------|---|------------|--------|
|           | Start date               | Finish date |   | Start      | Finish |
| MONDAY    |                          |             |   |            |        |
| TUESDAY   |                          |             |   |            |        |
| WEDNESDAY |                          |             |   |            |        |
| THURSDAY  |                          |             |   |            |        |
| FRIDAY    |                          |             |   |            |        |

### FOR THE SAFETY OF OUR CHILDREN ALL CHILDREN MUST BE SIGNED INTO OSHC BEFORE ATTENDING ANY AFTERNOON ACTIVITIES

- Tennis:** The tennis coach will sign your child out from OSHC. Escort your child to their lesson. When their lesson is finished the tennis coach will escort your child back to OSHC and sign your child back into our service.  
**ASA:** The tutor or coach will sign out your child from OSHC. The tutor/coach will escort your child back to OSHC and sign your child back into our service.
- I have reminded my child that they will be escorted to the activity by an tutor/coach from OSHC and that they are to follow any directions given to them whilst en route to and from the activity.
- I understand whilst away from the service participating in this activity, my child will not be under the care of Samford State School OSHC.
- I understand that responsibility for my child will once again be that of the service once my child is collected from the activity and returns to the service.
- I understand that I will still be charged for the time that my child is away from the service participating in extra-curricular activities.
- I undertake to ensure that I notify the service if and when this arrangement changes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_