



**Gildredge  
House**

## AUTHORISATION TO COLLECT MY CHILD

Child's Name: \_\_\_\_\_

Class Teacher: \_\_\_\_\_

I hereby authorise the following people to collect my child from school on a regular basis:

Name: .....

(Relationship to you) .....

Telephone: .....

Name: .....

(Relationship to you) .....

Telephone: .....

Name: .....

(Relationship to you) .....

Telephone: .....

If my child goes home with a parent for a play date, I shall ensure that I advise the Class Teacher in writing, by using the Contact Book.

Signed: .....  
(Parent /Carer)

Print Name: .....

Date: .....

**Please return this form to Mrs Geldard - Director of Lower School**