

Collection Details

Child's name: _____ Class: _____

Only the named persons on this form will be able to collect your child. If another adult arrives to pick up your child the school will not permit them to take your child.

If you need to change these details, please fill in the form at the school office so that we can update our records.

Name of adult authorised to collect my child INCLUDING PARENT/CARERS	Relationship to child i.e. Mother/ Aunt/ Friend
1.	
2.	
3.	
4.	
5.	
6.	

I give consent for the above named persons to pick up my child from Deansbrook Infant School. I confirm that they have been informed that their details have been shared.

Signed Parent/Carer: _____ Date: _____

Print name: _____