



Collection Authorisation Form

Child's Name:

Name of authorised person:

I give permission for the above named person to collect my child/ren from Knight Street Children's Centre on:

Date:

Time:

Please tick one box below:

- This is a once off pick up
- This person is authorised to pick my child/ren up on a regular basis

I understand that photo identification will be necessary before staff will release my child/ren from care.

Parent/Guardian signature:

Date:

If parent has rung in to give authorisation, two staff members need to take the message and sign below before handing into the co-ordinator.

Staff member 1:

Date:

Time:

Staff member 2:

Date:

Time: