

Authorisation Form for outside School premises Activities

I authorise the Educators at Clovelly out of School Care to allow my child to participate in the set activity listed below. I give permission for my child to be signed out by a COOSC Educator and walked to their nominated venue off school grounds with their school bag. I understand I am responsible for collecting my child from the nominated venue after the activity.

I acknowledge that Educators may refuse to let my child leave the Centre to go to the activity without any prior written notice. I understand that I must notify the Centre in writing of any changes to the set time and location.

| Child's name: | | |
|----------------------|---|-----------|
| Company name and | contact person facilitating the nominated activity being au | thorised: |
| | | |
| Activity details | | |
| | Day of the week: | |
| | Time activity starts: | |
| | Location of Activity: | |
| | | |
| Signature of parent/ | Carer giving permission: | |
| Date: | | |

This authorisation refers to:

Education and Care Services National Regulations (under sections 301 and 324 of the Education and Care Services National Law) Regulation 168
Children (Education and Care Services National Law Application) Act 2010
National Quality Standard; Quality Area 7.

1 Arden street Waverley 2024 Ph: 0421 809 209 / 9665 9056

E hello@coosc.com.au W: www.coosc.com.au