



Beauty Point OOSH Care Inc.

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“Release and Return Form”

I, _____ give permission for my child:

(full name in block letters)

_____ to attend on-site extracurricular activity

(full name in block letters)

At Beauty Point Public School on the day when my child is enrolled to Beauty Point OOSH Care Inc.

Activity: * one form per activity		
Name and mobile phone contact details for person responsible for conduct of Activity:		
Day/s:		
Location:		
Departure Time:	Return Time:	
Special needs:		

I understand and acknowledge that:

- my child will be reminded to attend the activity;
- my child will be signed out from OOSH by OOSH Staff at the indicated time for the Activity;
- Beauty Point OOSH Care Inc does not take responsibility for my child’s wellbeing while my child is not be under the supervision of OOSH Staff;
- my child is responsible for getting themselves to and from the activity;
- my child will be signed in into OOSH by OOSH Staff upon their return from the Activity and at that time the OOSH’s responsibility for my child resumes;
- if my child does not return to OOSH within 5 minutes of the indicated return time, OOSH Staff will proceed with the OOSH “Missing Children” procedure;
- I will advise OOSH in writing of any change to the details of the Activity as soon as is possible

Signature: _____

Date: _____