

**EPPING NORTH OSHCP  
2025 EXTRA-CURRICULAR ACTIVITY PERMISSION NOTE**

DATE: \_\_\_ / \_\_\_ / \_\_\_ CHILD'S NAME: \_\_\_\_\_

TIME: \_\_\_\_\_ ACTIVITY: \_\_\_\_\_ VENUE: \_\_\_\_\_

TEACHER/TUTOR NAME: \_\_\_\_\_ MOB: \_\_\_\_\_

DAY:            Monday     Tuesday     Wednesday     Thursday     Friday

DURATION\*: Term 1     Term 2     Term 3     Term 4

\*If the duration of your child's activity is only for a few weeks please specify the start and finish date of the activity:

Start: \_\_\_ / \_\_\_ / \_\_\_    Finish: \_\_\_ / \_\_\_ / \_\_\_

- My child shall return to the Centre at: \_\_\_\_\_ (TIME)
- My child SHALL NOT RETURN to the Centre (A parent/guardian must still sign child out for afternoon activities. ENOSHCP Educators will sign your child out for morning activities)

- I give permission for my child to leave the centre for the activity stated above.
- I acknowledge that I release the centre of any responsibility once my child leaves the centre boundaries and do not hold the centre responsible until they are collected by ENOSHCP Educators at the end of their session.
- I understand that ENOSHCP Educators will not drop off my child to extra-curricular activities that are not on the School site. Parents will need to make other arrangements.
- I understand that ENOSHCP Educators will drop off and collect my child for the above activity except for morning sessions where children will make their own way to school at the conclusion of their activity
- I understand that for all afternoon activities I must sign my child out even if they are not returning to the Centre.
- I understand that in accordance with the Centre's *Acceptance and Refusal of Authorisation Policy* that the responsible person on duty has the right to refuse this authorisation if they believe your child's safety or wellbeing is deemed to be compromised.
- I understand it is my responsibility to inform the Centre if any of the above details change

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_  
(Parent/Guardian)

I would like a copy of this permission note

Signed \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_ (Nominated Supervisor/RPD)