pole depot Community Centre
Supporting you in our community

BSI
ISO 9001 - 2008

ALTERNATE PICK UP AUTHORITY

Dear Children's Services Manager and Co-ordinator,

I …… (Parent/Guardian - print name) give my written consent for the following person/s to collect my child/ren on my behalf:

Child/ren's Name/s	Person Authorised	Signature of Authorised Person

I will continue to notify the Pole Depot Community Centre regarding any change of person/s collecting my child/ren for each day that this occurs.

Yours faithfully,

…… ……..
Parent/Guardian's Signature Date

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OFFICE USE ONLY

Form checked by:	Name	Signature	Date
Form entered into KidzWizz by:	Name	Signature	Date
Form entered into Civi by:	Name	Signature	Date
CCC informed	☐ YES	☐ NO	
Copy given by:	Name	Signature	Date
Filed by	Name	Signature	Date