



# EXTRA-CURRICULAR ACTIVITIES ESCORT FORM



Child's Name: \_\_\_\_\_

I give permission for my child to leave the care of ABCC to participate in extra-curricular activities at the school during the below times.

I acknowledge that my child will be escorted back to ABCC by a supervising Teacher on completion of this activity.

Day	Period/Dates of Activity		Activity child will be participating in	Timeframe	
	Start date	Finish date		Start	Finish
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					

Supervising Teacher & Location: \_\_\_\_\_

- I have reminded my child to ensure that they do not leave the service until their name is marked off by an educator and they collect a blue card.
- I understand whilst away from the service participating in this activity, my child will not be under the care of ABCC, although my child will be accounted for on the ABCC role in the event of an emergency.
- I understand that responsibility for my child will once again be that of the service once my child is returned and signed back into ABCC.
- I understand that I will still be charged for the time that my child is away from the service participating in extra-curricular activities.
- I will notify the service if and when this arrangement changes.

Parent / Carer signature: ..... Date: .....

ABCC Director's signature: ..... Date: .....