1. School Details:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | District: |  |

2. Student details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name: |  | | | Class: |
| Home Address: |  | | | |
| Telephone numbers: |  |  |  | |

3. Parent or guardian details:

|  |  |  |
| --- | --- | --- |
| Father's/guardian's full name \*: |  | |
| Home Address:  (only if different from the child's address) |  | Telephone numbers: |
| Work Address: |  | Telephone numbers: |

|  |  |  |
| --- | --- | --- |
| Mother's/guardian's full name \*: |  | |
| Home Address:  (only if different from the child's address) |  | Telephone numbers: |
| Work Address: |  | Telephone numbers: |

DECLARATION - AUTHORISATION

I, the father/mother/guardian\* of the pupil …………………………………………., hereby authorise the adult persons listed below, in paragraph 4, as one of them receives, **in case of emergency** at school, my child and has him/her under his/her own responsibility, if I cannot pick him/her up or if the school cannot locate me to inform me accordingly.

4. Details of authorised persons:

|  |  |  |  |
| --- | --- | --- | --- |
| Full name: |  | | |
| Address: |  | | |
| Telephone numbers: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Full name: |  | | |
| Address: |  | | |
| Telephone numbers: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Full name: |  | | |
| Address: |  | | |
| Telephone numbers: |  |  |  |

The Authorising Person: father/mother/guardian\*

……………………………………………… ………………………………………………

(Full Name) (Signature)

…………………………

(Date)

\* ***Delete as appropriate***.