

Out of OOSH Activity Permission Form

Child/s Name: _____

Activity: _____

Venue: _____

Day: _____ Time: _____

* Is this an ongoing activity, **Yes / No?** If yes provide timeframe (e.g Every Wed. for Term 2) -

* Will your child return to OOSH **Yes / No?** If yes what time: _____

I _____ give permission for OOSH staff to sign my child in/out
(parent/guardian name)
of OOSH to attend an Out-of-OOSH activity.

Parent/Guardian Signature: _____ Date: _____

Office Use Only:

Director Name: _____

Signature: _____ Date: _____