

# Children with Self Care Arrangements Form



I \_\_\_\_\_ (name of parent/guardian)  
 wish for my child/ren \_\_\_\_\_ (names of child/ren) to be  
 signed in and/or signed out of **Kelvin Grove State College Outside School Hours Care** by a person who is under the age of 18  
 years old to travel home and/or to extra-curricular activities. This permission is granted for *(please select one)*:

- Any sessions** that my child/ren is booked into for the foreseeable future. The person will be set up as an authorised collection contact in the Qikkids Kiosk system and can collect at any time.
- Any sessions** between the dates of \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_. The person will be set up as an authorised collection contact in the Qikkids Kiosk system and will be able to collect between these dates only. Authority will be stopped after these dates.
- A one-off collection** on \_\_\_\_/\_\_\_\_/\_\_\_\_. This person will not be set up as an authorised contact in the Qikkids Kiosk system and must present to the OSHC Office prior to collecting the child. An OSHC team member will sign the child out upon collection.

As the parent/guardian of the above child/ren, we acknowledge that:

- Authorisation for the below person will be granted for **collection only**, and cannot give permission for medical treatments, or excursions, or be used as an emergency contact.
- The responsibility of the child/ren rests entirely with the family until such time as he/she is signed in to Before School Care by the below person, whereby the Service then takes full responsibility.
- The Service responsibility for my child ends when he/she is signed out of After School care by the below person, and the responsibility of the child/ren after this time rests entirely with the family.
- I will need to confirm all sign in, and sign outs made by the below person in Qikkids Kiosk.
- Whilst the Service does not recommend this practice, we do understand that situations arise where person under the age of 18 are the only persons available for collection of the child/ren.

<b>Contact Full Name:</b>	
<b>Date of Birth:</b>	
<b>Relationship to child:</b>	
<b>Mobile Number:</b>	
<b>Address:</b>	

<b>Authorising Parent Signature:</b>	
<b>Date:</b>	____/____/____