



ACTIVITIES PERMISSION SLIP 2018

AUTHORISATION FOR CHILD TO ATTEND A NON ICASAG ACTIVITY

(Please complete one form per child)

CHILD NAME: _____

DAY	ACTIVITY	START TIME	END TIME	NOTES
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

I _____ the parent/guardian of _____ give permission for an Educator from ICASAG to accompany my child to their activities at the times specified.

General Permissions:

- I acknowledge that an ICASAG Educator will escort my child to their activity before handing them over to the activity supervisor on duty. At the completion of their activity, I accept that my child is to wait at the activity until an Educator from ICASAG brings them back to the service.
- I understand that when my child is at that activity, responsibility for them rests with the activity supervisor and not ICASAG.
- On days where my child's activity begins immediately after school, my child will sign in to ICASAG from school and an educator will sign them out to the activity immediately.

Swimming Permissions:

- I acknowledge that my child will be ready to be collected by the swim school Pool Deck Supervisor 10 minutes before the lesson is due to start and signed out of ICASAG by an ICASAG Educator.
- I understand that my child will be brought back to ICASAG by the swim school and signed back in by an ICASAG Educator after their lesson.

Signed: _____

(Parent/guardian)

Date: _____



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