

ERSES

St Edmund's College

St Gabriel's School

AUTHORITY FOR PICK UP

Student Name: _____ **Class:** _____

Support Worker / Carer - details

Photo ID to be provided on first pick up, copy to be attached to this form

Name: _____

Mobile phone number: _____

Organisation (if applicable): _____

Complete a) or b):

a) Days authorised to pick up: Mon / Tues / Wed / Thurs / Fri

b) Date(s) authorised to pick up: _____

Authorised by Parent/Carer:

Name: _____

Signature: _____

Date: _____

Office use only: Photo ID provided: D/L Number: _____