



Head Teacher. Mr Colin Marks

## EYFS PERMISSION TO COLLECT FROM SCHOOL

**CHILD'S NAME:**

**Contact 1** (name, address, telephone number):

**Contact 2**(name, address, telephone number):

**Contact 3** (name, address, telephone number):

**Contact 4** (name, address, telephone number):

**Contact 5** (name, address, telephone number):

I give permission for the above named people to collect my child from school.

**Signed:**\_\_\_\_\_ Parent/Carer

**Name:**\_\_\_\_\_ Print name