



Designated Adult

This form outlines those who are allowed and not allowed to collect children from Black Horse Hill Infant School Before and After School Club

Child's Name	Date of Birth
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(Please tick one of the boxes below)

Year group	F1	F2	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
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Names of people who are allowed to collect child(ren). Please PRINT below

Name:	Relationship to child
Contact telephone number:	

Name:	Relationship to child
Contact telephone number:	

Name:	Relationship to child
Contact telephone number:	

PASSWORD: _____ (To be used to confirm identity of designated adult if required)

Names of people who are **NOT** allowed to collect child(ren)

Name:	Relationship to child
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Reason:

Additional comments:

Is this child allowed to walk home alone?

Please tick one box		
YES		NO

I understand this information will help the people who are looking after my child keep him/her safe and happy. As with all paper records, I understand it will be stored in line with the school's GDPR Data Protection Policy.

Signature _____ Print _____

Relationship to child _____ Date: _____