



Acton Playgroup

C/O Acton Primary School
Lambert Drive, Acton
Sudbury, Suffolk
CO10 0US

I give permission for (Name)..... to
collect my child (Name)
on a permanent basis.

Please indicate which days this applies to

.....

I will speak to a member of staff to inform them when
this is happening and which days, sessions this applies
to.

Each time this person picks up I will make sure they
have the password to release my child into their care.

Date

I have given the above person the correct password.

Parent/carer signature.....

Staff member:

