



Out of School Hours Care – TeenZone Request for Agency and Service Information Parent Authority Form

Full Name of Child: _____ DOB: _____

To help Novita support your child's needs, please include details of the school your child attends, as well as other services and agencies that currently provide care and support.

Name of School/ Agency/Service	Contact Person	Contact Number (phone / email)	Details (e.g. Speech Therapy)

I give permission for the staff of Novita Children's Services – Out of School Hours Care to contact the above agencies/services to access information that will assist the professional support and care of _____

Child's Name

whilst a part of the TeenZone program.

Signed: _____ Date: _____

Name: _____