TRAVEL AND TRANSFER OF DUTY OF CARE FORM

Name of pupil:	Date of Birth:
Destination:	Itinerary and Flight details attached Yes / No / NA (please circle correct answer)
Will leave the International College's residential caregiver for date stipu	dential caregiver's (homestay) care (the duty of care will transfer from the lated below)
from	until
The Caregiver with responsibility for the d guardian's details)	uration of the travel/stay will be (the temporary caregiver, parents or lego
Name	
Ph	Email
The pupil will miss school days from(If the pupil is missing school, the Green Sh	untilNA heet must be completed)
	STATEMENT TO PARENTS
overnight stay with a family that is a School. This means that we are un we would generally perform und permission to transfer the duty of Please acknowledge, by signing be	en informed that your child plans to undertake a trip or have an not a current Residential Caregiver (homestay) for Middleton Grange hable to undertake all the usual safety checks of the caregivers that her the Code of Practice. Middleton Grange School requires your care for your child to the caregiver(s) named on this Form. How, that you give permission for the travel/overnight stay and are hild's transfer of duty of care for the duration of the travel/overnight this Form.
Parent's signature:	Date:
Care Provider's signature (if applicable): _	Date:
Residential Caregiver's signature:	Date:
School signature:	Date:
PLEASE NOTE: It is the pupil's responsibilit	y to make sure all parties are notified, and approval given prior to any

Address: 30 Acacia Avenue, Upper Riccarton, Christchurch 8041, New Zealand Telephone: 64-3-3414054 Fax: 64-3-3414056 Email: inted@middleton.school.nz

travel or transfer of duty of care taking place.