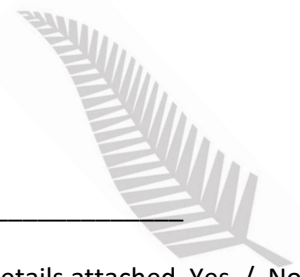




middleton grange school

Christchurch New Zealand

**TRAVEL AND TRANSFER OF DUTY OF CARE FORM**



Name of pupil: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Destination: \_\_\_\_\_ Itinerary and Flight details attached Yes / No / NA  
(Where are you going, write "Home" if going home): (please circle correct answer)

Will leave the International College's residential caregiver's (homestay) care, the duty of care will transfer from the normal residential caregiver for date stipulated below.

from \_\_\_\_\_ until \_\_\_\_\_

(When do you leave day/month/year) (When do you return day/month/year, write N/A if you are leaving)

The Caregiver with responsibility for the duration of the travel/stay will be (the temporary caregiver, parents or legal guardian's details) (Who is responsible for you while you are away)

Name \_\_\_\_\_

Ph \_\_\_\_\_ Email \_\_\_\_\_

(If you are returning home, simply write "parents")

The pupil will miss school days from \_\_\_\_\_ until \_\_\_\_\_ NA

(If the pupil is missing school, An "Absence Notification Form" (the Green Sheet) must be completed, available from IC Reception).

Middleton Grange School has been informed that your child plans to undertake a trip, return home or have an overnight stay with a family that is not a current Residential Caregiver (homestay) for Middleton Grange School. This means that we are unable to undertake all the usual safety checks of the caregivers that we would generally perform under the Code of Practice. Middleton Grange School requires your permission to transfer the duty of care for your child to the caregiver(s) named on this Form. Please acknowledge, by signing below, that you give permission for the travel/overnight stay and are accepting responsibility for your child's transfer of duty of care for the duration of the travel/overnight stay, to the caregiver(s) named on this Form.

STATEMENT TO PARENTS

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Care Provider's signature (Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Residential Caregiver's signature (Homestay): \_\_\_\_\_ Date: \_\_\_\_\_

School signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form may be emailed to [inted@middleton.school.nz](mailto:inted@middleton.school.nz)

**PLEASE NOTE:** It is the pupil's responsibility to make sure all parties are notified, and approval given prior to any travel or transfer of duty of care taking place.