

1st Staplehurst: Beavers – Hedgehog Colony
Beaver Collection Authority Form

Please ensure a separate form is completed for each individual Beaver which you are authorising the collection of

Your full name (in block capitals):

Full name of Beaver (in block capitals):

Your relationship to above-named Beaver:

Name of authorised person (in block capitals):

Authorised person's relationship to above-named Beaver:

Authorised person's primary contact telephone number:

1. I, the parent / guardian (delete as applicable) of the above-named Beaver, hereby confirm my express authority for my son / daughter (delete as applicable) to be collected from 1st Staplehurst: Beavers – Hedgehog Colony by the above-named authorised person.

2. I understand that by signing and returning this form, I am authorising the collection of my son / daughter (delete as applicable) from 1st Staplehurst: Beavers – Hedgehog Colony by the above-named authorised person.

Signed:
Parent / Guardian (delete as applicable) Full name (in block capitals)

Date: