

Acceptance of Authorisations Form

Name of child: _____

Authorised Person 1

Name:	This person has authority to: <input type="checkbox"/> Collect & deliver my child from the centre. <input type="checkbox"/> Give permission for excursions. <input type="checkbox"/> Consent to medical treatment. <input type="checkbox"/> Request/permit medication to be administered. <input type="checkbox"/> This person should be notified of an incident/illness/injury or trauma if the parents/guardians cannot be contacted.
Relationship to child:	
Address:	
Mobile Ph:	
Alternate Ph:	

Authorised Person 2

Name:	This person has authority to: <input type="checkbox"/> Collect & deliver my child from the centre. <input type="checkbox"/> Give permission for excursions. <input type="checkbox"/> Consent to medical treatment. <input type="checkbox"/> Request/permit medication to be administered. <input type="checkbox"/> This person should be notified of an incident/illness/injury or trauma if the parents/guardians cannot be contacted.
Relationship to child:	
Address:	
Mobile Ph:	
Alternate Ph:	

Is this person under the age of 16? Yes / No

THIS PERSON WILL NEED TO BRING IDENTIFICATION WITH THEM TO COLLECT/DELIVER THE CHILD

By signing this form you agree that the above information is true, and give permission for this person to collect and sign your child out of the service. You also understand that the centre is not responsible for anything that happens to your child/ren after they are signed out of the service.

Parent/Guardian name: _____

Signed: _____

Date: _____

Date received:	Date updated:
Received by:	Updated by: