



ADDITIONAL – OTHER PERSON/S AUTHORISATIONS

Child's Full Name: _____

Child's Group (Circle): **Joeys** **Red Kangaroos** **Grey Kangaroos**

Please list below the details of those people who you have authorised as an emergency contacts for your child. This is in addition to those listed on your child's current enrolment form. This list may be amended at any time.

ALL AUTHORISED PEOPLE MUST BE ABLE TO PROVIDE ID EVERY TIME THEY COLLECT A CHILD.

In the event the parents or guardians cannot be contacted, the person/s listed below, and on the child's enrolment form, with authority will be contacted regarding collecting the child, in the event of an emergency involving the child, consent to medical treatment or the administration of medication, or to authorise an Educator to take the child outside of the Service premises.

Please tick the appropriate boxes for each contact to confirm authorisations and please sign below.

Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship to Child:	Relationship to Child:
Authorised to Collect (Authorised Nominee) <i>(Reg.160(3)(b)(iii))</i> <input type="checkbox"/>	Authorised to Collect (Authorised Nominee) <i>(Reg.160(3)(b)(iii))</i> <input type="checkbox"/>
Notification in the event of an Emergency <i>(Reg.160(3)(b)(ii))</i> <input type="checkbox"/>	Notification in the event of an Emergency <i>(Reg.160(3)(b)(ii))</i> <input type="checkbox"/>
Authorised to Consent to Medical Treatment <i>(Reg.160(3)(b)(iv))</i> <input type="checkbox"/>	Authorised to Consent to Medical Treatment <i>(Reg.160(3)(b)(iv))</i> <input type="checkbox"/>
Authorisation for the administration of medication <i>(Reg.160(3)(b)(iv))</i> <input type="checkbox"/>	Authorisation for the administration of medication <i>(Reg.160(3)(b)(iv))</i> <input type="checkbox"/>
Authorised to authorise and Educator to take the child outside of the premises <i>(Reg.160(3)(b)(iv)&(v))</i> <input type="checkbox"/>	Authorised to authorise and Educator to take the child outside of the premises <i>(Reg.160(3)(b)(iv)&(v))</i> <input type="checkbox"/>

Authorisation and Declaration

I, _____ *(Print Full Name)*

a person with parental responsibility of the child named above declare that this information is true and correct and undertake to immediately notify West Hawthorn Pre-school in the event of any change to this information.

Signed: _____ **Date:** _____

Office Use Only

DB Updated:	Form Printed:	Nominee Lists (5) Updated:	By:	Date:
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