

Additional Other Person/s Authorisations

Please use this form for allowing other people to collect your child from West Hawthorn Pre-school, as well as for emergency contacts.

Child's Full Name _____

Child's Group Yellow Joeys Green Joeys Red Kangaroos Grey Kangaroos

Please list below the details of those people, not parents, who you have authorised as an emergency contact and for collecting your child. This is in addition to those already listed on your child's current enrolment form. This list may be amended by you at any time.

All authorised people must be able to **provide identification** every time they collect a child.

In the event the parents or guardians cannot be contacted, the person/s with authority listed below, and on the child's enrolment form, 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 nominee to confirm the requested authorisations and sign the form below

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

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

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: _____