

Authorisation of Alternate Person

If you or your authorised person(s), as specified on your child's *Enrolment Form*, are unable to pick-up your child we need written permission for another person to collect them. This person <u>must be</u> 18 years or older and will be asked to produce photo ID to verify their identity.

l,	 t/Guardian)	parent of	(2) 11 11 21 2		givi
(Paren	t/Guardian)		(Child's Name)		
permission to		phone no n)			
	(Authorised Persor	n)			
of (address)					
	acted in an emergency				
	my child from the centre			اداناه بيمد	ı
⊔ consen	t to medical treatment a	nd the administr	ration of medication to	o my child	
This person's rela	tionship to my child is (e	.g. uncle, neighb	oour)		
Persons not nrevi	ously authorised or men	tioned on this fo	orm do not have nerm	ission to	he
•	mergency, collect my ch				
	on of medication to my c				
any questions or	concerns.				
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	t/Guardian)		(Signature)		(Date)
(Paren	t/Guardian)		(Signature)		(Date)
(Paren	t/Guardian)		(Signature)		(Date)
(Paren	t/Guardian)			e the full	
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