

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 **must be 18 years or older and will be asked to produce photo ID to verify their identity.**

Please complete this form clearly and **IN BLOCK LETTERS**:

I, _____ parent of _____ give
(Parent/Guardian) (Child's Name)

permission to _____ phone no. _____
(Authorised Person)

of (address) _____

- to:
- be contacted in an emergency
 - collect my child from the centre
 - consent to medical treatment and the administration of medication to my child
 - authorise the service to arrange transportation of my child in an emergency.

This person's relationship to my child is (e.g. uncle, neighbour) _____

Persons not previously authorised or mentioned on this form **do not have permission to be contacted in an emergency, collect my child from the centre or consent to medical treatment and the administration of medication to my child.** Please contact the centre immediately if you have any questions or concerns.

(Parent/Guardian) (Signature) (Date)

Verbal Consent (OFFICE USE ONLY)

Should an emergency pick-up be required, a parent/guardian may verbally provide the full details of the authorised person (AP) collecting their child to two (2) staff members for consent to be granted. **This consent will be one-off, until such time that the parent completes the top section of this form.**

Parent/Guardian Providing Consent: _____ Date: ____/____/____

Time: ____:____ am/pm Child's Full Name: _____ DOB: ____/____/____

Full Name of AP: _____ DOB: ____/____/____

Address: _____

Staff 1: _____ Signature: _____ Date ____/____/____

Staff 2: _____ Signature: _____ Date ____/____/____

Copy of Authorised Person's ID has been attached to this form.