



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 _____
(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.

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, the parents may provide the full details of the authorised person over the phone and two (2) staff must be witness to the verbal consent given.

Full Name: _____ DOB: _____

Address: _____

Staff 1: _____ Signature: _____ Date: _____

Staff 2: _____ Signature: _____ Date: _____

Copy of Authorised Persons ID attached to this form.