



### 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.

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.**