

CONFIDENTIAL ENROLMENT ADDITIONAL AUTHORISATIONS

CHILD INFORMATION

Given Name:

Family Name:

OTHER PERSON/S AUTHORISATIONS

Please list below the details of those people who you have authorised as emergency contacts for your child. This list may be amended at any time. In the event that the parents or guardians cannot be contacted, the person/s listed below with authority will be contacted regarding collecting your child, in the event of an emergency involving your child, consent treatment or the administration of medication, or to authorise an Educator to take your child outside of the Service premises. Please tick the appropriate boxes for each contact to confirm authorisations.

Name:	Name:
Address:	Address:
Phone (H) (W)	Phone (H) (W)
Mobile:	Mobile:
Relationship to child:	Relationship to child:
<input type="checkbox"/> Authorised to collect (Authorised Nominee) (Reg.160(3)(b)(iii))	<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"/> 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"/> 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"/> Authorisation for the administration of medication (Reg.160(3)(b)(iv))
<input type="checkbox"/> Authorised to authorise an Educator to take your child outside of the premises (Reg.160(3)(b)(iv)&(v))	<input type="checkbox"/> Authorised to authorise an Educator to take your child outside of the premises (Reg.160(3)(b)(iv)&(v))
Name:	Name:
Address:	Address:
Phone (H) (W)	Phone (H) (W)
Mobile:	Mobile:
Relationship to child:	Relationship to child:
<input type="checkbox"/> Authorised to collect (Authorised Nominee) (Reg.160(3)(b)(iii))	<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"/> 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"/> 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"/> 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))	<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises (Reg.160(3)(b)(iv)&(v))