

CHILD DROP-OFF AND PICK-UP AUTHORSATION

-PRESCHOOL ONLY-

NO ONE WILL BE PERMITTED TO PICK UP YOUR CHILD IF THEIR NAME IS NOT LISTED BELOW. ALL PERSONS MUST HAVE AND SHOW THEIR PICTURE ID BEFORE THEY WILL BE PERMITTED TO COLLECT YOUR CHILD.

Child's Name: _____

Family members name: _____

Family members signature: _____

Emergency Contact 1: (Other than parent/guardian/carer listed previously)

Given name:		Family name:			
Street address:					
Suburb:		State:		Postcode:	
Home Phone:		Mobile Phone:			
Work Phone:		Relationship to child/ren:			
Is this person authorised to collect the child/ren from preschool? (Please tick)				Yes	No
Is this person authorised to consent to medical treatment?				Yes	No
Is this person someone who is authorised to authorise an educator to take the child outside the education and care service premises?				Yes	No

Emergency Contact 2: (Other than parent/guardian/carer listed previously)

Given name:		Family name:			
Street address:					
Suburb:		State:		Postcode:	
Home Phone:		Mobile Phone:			
Work Phone:		Relationship to child/ren:			
Is this person authorised to collect the child/ren from preschool? (Please tick)				Yes	No
Is this person authorised to consent to medical treatment?				Yes	No
Is this person someone who is authorised to authorise an educator to take the child outside the education and care service premises?				Yes	No

