

## Additional Authorised Nominees Form

The persons below are additional Authorised Nominees in addition to those already listed on the child's Confidential Enrolment Form. Please tick the relevant boxes for the level of authority.

Child's Name ...... Group .....

Authorised Nominee
First Name
Family Name
Address
Phone (M)
(H) (W)
Email
Relationship to Child
Main language spoken at home
Can this person be:
Authorised to collect the child? Yes $\Box$ No $\Box$
Notified in the event of an emergency? Yes $\Box$ No $\Box$
Authorised to consent to administer of medication? Yes $\ \Box$ No $\ \Box$
Authorised to consent to an educator taking the child outside the kindergarten? Yes  No
Authorised to consent to medical treatment from a registered medical practitioner, hospital or ambulance service? Yes I No I
Signature of parent/guardian
Date////

Authorised Nominee
First Name
Family Name
Address
Phone (M)
(H) (W)
Email
Relationship to Child
Main language spoken at home
Can this person be:
Authorised to collect the child? Yes $\Box$ No $\Box$
Notified in the event of an emergency? Yes $\Box$ No $\Box$
Authorised to consent to administer of medication? Yes $\hfill \$ No $\hfill \$
Authorised to consent to an educator taking the child outside the kindergarten? Yes  No
Authorised to consent to medical treatment from a registered medical practitioner, hospital or ambulance service? Yes $\Box$ No $\Box$
Signature of parent/guardian
Date///

This form to be kept with the child's Confidential Enrolment Form.