

AUTHORISED CONTACT / NOMINEE FORM

Parent /Guardian Name: _____

Child/ren's Name: _____

I _____ give permission for the person listed below to be
(please tick)

an authorised contact or nominee if I am not available OR

Removed from my current authorised contact / nominee list

Parent / Guardian signature: _____ Date: _____

Authorised contact / nominee (in addition to the parents / legal guardian)	
Name of contact	
Relationship to the child	
Address	
Email <small>(required for e-signature PIN)</small>	
Phone numbers	Home Mobile

Authorisation given		
I authorise the above named person to:	YES	NO
• Collect my child/ren from the educator		
• Authorise an educator to take the child/ren outside the education		
• To consent to medical treatment of, or administration of		

OFFICE USE: Date entered: _____ Entered by: _____	
Copy provided to educator _____	