

Additional Authorised Nominees Form



Instructions

The person listed below is an additional Authorised Nominee in addition to the names already listed on the child's Confidential Enrolment Form.

In the event the parent/guardian cannot be contacted the person listed below has authority to either be contacted regarding collecting and drop off of the child, in event of an emergency involving the child, consent to medical treatment, administration of medication or to authorise the Educator to take the child outside the Service premises. Please select the box suitable for the level of authority you provide.

Child Information

Child's Name	<input type="text"/>	Three Year Old Group	<input type="checkbox"/>
		Four Year Old Group	<input type="checkbox"/>

Authorised Nominee

First Name	<input type="text"/>
Family Name	<input type="text"/>
Address	<input type="text"/>
Phone (Mobile)	<input type="text"/>
Email	<input type="text"/>
Relationship to child	<input type="text"/>

Select the box applicable that this person is authorised to do (leave blank what is not applicable):

Authorised to collect and drop the child? Yes

Notified in the event of an emergency? Yes

Authorised to consent to administer of medication? Yes

Authorised to consent to an educator taking the child outside the kindergarten? Yes

Authorised to consent to medical treatment from a registered medical practitioner, hospital or ambulance service?
Yes

Signature

Name

Date

Email the completed form to: civic.kin@kindergarten.vic.gov.au