



Dear Parents and Carers,

Harrison School is committed to ensuring the safety of all students attending this service. To meet our duty of care obligations, we require written authorisation from nominated authorities (i.e parents/carers identified on enrolment forms) for the purpose of drop off/collection.

In circumstances where nominated authorities elect to delegate collection authority to persons under 16 years of age, the attached documentation needs to be completed and returned to Harrison School Front Office as soon as possible.

With reference to Regulation 158(1)

The Nominated Supervisor of the site is responsible for:

- ensuring a child does not leave the service except with a parent/guardian or authorised nominee, or with the written authorisation of one of these
- following the authorisation procedures to ensure the safe collection of children
- refusing to allow a child to depart from the service with a person who is not the parent/guardian or authorised nominee, or where there is not written authorisation of one of these
- implementing the authorisation procedures in the event that a parent/guardian or authorised nominee telephones the service to advise that a person not listed on their child's enrolment form will be collecting their child following the authorisation procedures and contacting the parents/guardians or authorised nominees if an unauthorised person arrives to collect a child from the service
- informing the Office for Schools by the Nominated Supervisor as soon as is practicable, but within 24 hours, if a child has left the service unattended by an adult or with an unauthorised person

Parents/guardians are responsible for:

• completing and signing the authorised nominee section of their child's enrolment form before their child attends the service

The Early Years Team





Authority to Collect from Harrison School– Person Under 16 Years of Age

Student Name	
Date of Birth	
Classroom Teacher	
Name/s of Parent/Guardian(Nestudent enrolment form)	ominated Authority/Authorities that have been identified on the
1	PH:
2	PH:
3	PH:
Full Name of delegated authori	ty (i.e. person under 16 years of age)
	PH
Relationship of delegated author	ority to student:





CONSENT TO DELEGATE COLLECTION AUTHORITY

I	delegate collection authority to
(insert name of NOMINATED authority)	
	as a responsible person under the
(insert FULL name of delegated authority)	
age of 16 years old to collect my child	from Harrison
School for the period:	·
(insert collection pe	eriod dates)
level of care and responsibility during this perio	ority to refuse collection, where they perceive the d is not adequate. I understand that if an unsafe at I would be required to assume full responsibility
(Insert name and Signature)	(Date)
To be completed by Office:	
Nominated Supervisor name:	
Nominated Supervisor Signature:	
Date:	