

Authorisation for delivery and collection, for the administering of medication, for medical treatment of children record

My preschool child _____ (Full name of child)

is enrolled at Harrison Preschool in 2019 attending the Monday/Tuesday OR Thursday/Friday sessions. ***(Delete group that is not applicable)***

I _____ (Name of parent/carer)

give my authorisation for the following people to support my child's wellbeing and participation in the Preschool program during the 2019 Preschool Year; particularly in a situation where I am unable to be contacted.

(please indicate which authorisations you are giving to the persons by ticking the relevant box)

Name: _____

Contact details: _____

Relationship to student: _____

- Permission to drop off and/or pick up my child
- Permission to sign for excursions and outings outside of the preschool
- Permission to sign for the administering of medication by preschool educators
- Permission to consent to medical treatment of child



ACT
Government
Education



HARRISON
SCHOOL

Name: _____

Contact details: _____

Relationship to student: _____

- Permission to drop off and/or pick up my child
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- Permission to sign for the administering of medication by preschool educators
- Permission to consent to medical treatment of child

Name: _____

Contact details: _____

Relationship to student: _____

- Permission to drop off and/or pick up my child
- Permission to sign for excursions and outings outside of the preschool
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- Permission to consent to medical treatment of child