

**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 2020 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
- 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

**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