

Authorisation for Delivery and Collection, for The Administration of Medication, for Medical Treatment of Children Record

My child _____ (Full name of child) is enrolled at
Harrison School in 2021.

I _____ (Name of parent/carer)

give my authorisation for the following people to support my child's wellbeing and participation in the Harrison School program during the 2021 School 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

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
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