



Preschool Authorisation for delivery and collection, for the administering of medication/medical treatment and excursion permissions

Regulations 92, 93, 94, 99, 102, 160 and 161 of the Education and Care Services National Regulations 2011

My Preschool child _____ (Full name of child)

is enrolled at Bonython Primary School, 'Little Burra Preschool' in 2023 attending the

Possum / Echidna Sessions. (Circle appropriate class name)

I _____ (Name of parent/carer) give

Authorisation for the following people to support my child's wellbeing and participation in the Preschool program during the 2023 Preschool Year; particularly in a situation when I (or my partner) am unable to be contacted.

I understand that I can make amendments to this document by contacting my child's Preschool Teacher in person or via email.

Signed: _____ Date: _____

(please indicate by circling YES or NO what you give the following people/organisation authorisation for)

AUTHORISED NOMINEE #1

Name of Person/Organisation: _____

Street Address: _____

Phone number: _____

Relationship to child: _____

Is the person authorised to (circle YES or NO):

To drop off and/or pick up YES NO

Permission to sign for Excursions YES NO

Permission for the administering of medication and consent to medical treatment YES NO

AUTHORISED NOMINEE #2

Name of Person/Organisation: _____

Street Address: _____

Phone number: _____

Relationship to child: _____

Is the person authorised to (circle YES or NO:

To drop off and/or pick up YES NO

Permission to sign for Excursions YES NO

Permission for the administering of medication and consent to medical treatment YES NO

AUTHORISED NOMINEE #3

Name of Person/Organisation: _____

Street Address: _____

Phone number: _____

Relationship to child: _____

Is the person authorised to (circle YES or NO:

To drop off and/or pick up YES NO

Permission to sign for Excursions YES NO

Permission for the administering of medication and consent to medical treatment YES NO

AUTHORISED NOMINEE #4

Name of Person/Organisation: _____

Street Address: _____

Phone number: _____

Relationship to child: _____

Is the person authorised to (circle YES or NO:

To drop off and/or pick up YES NO

Permission to sign for Excursions YES NO

Permission for the administering of medication and consent to medical treatment YES NO