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ACCESS AUTHORISATION.

Parent's Name:

Child's Name:

Educator Name:.....

I authorise the educator to give access of my child to the following person/s as contacts as follows. I understand that my Family Day Care educator will follow the schemes confidentiality policy and deny access to any other people, unless my prior consent has been given. No child will be released to a person under the age of 16 years. Educators may request proof of ID prior to releasing child/ren to the persons below.

Contact 1:

Full Name:

Address:

Home Phone:

Work Phone:

Mobile:

Email:

Relationship to child:

Please tick the box/es below to confirm the level of authorisation you give to this person:

- Consent to collect (authorised nominee)
- Authorise to be notified of an emergency involving the child if any parent/guardian cannot be contacted
- Consent to medical treatment
- Consent to administration of medication
- Authority to authorise an educator to take the child outside the service on excursions/regular outings
- Authority to authorise an educator to take the child outside the service premises

.....

Contact 2:

Full Name:

Address:

Home Phone:

Work Phone:

Mobile:

Email:

Relationship to child:

Please tick the box/es below to confirm the level of authorisation you give to this person:

- Consent to collect (authorised nominee)
- Authorise to be notified of an emergency involving the child if any parent/guardian cannot be contacted
- Consent to medical treatment
- Consent to administration of medication
- Authority to authorise an educator to take the child outside the service on excursions/regular outings
- Authority to authorise an educator to take the child outside the service premises.

REMOVAL OF ACCESS AUTHORISATION: I authorise the Educator to remove the following people from the current access authority.

Name.....

Name.....

Name.....

Parent's Signature:

Date:

'This information is being collected with the principles of the Privacy and Personal Information Protection Act 1998 and accordingly will only be used for the purpose of which it is being collected.'

COMPLETED FORM TO BE FORWARD TO THE OFFICE FOR PROCESSING

OFFICE USE ONLY: c.c EDUCATOR

ENTERED: Initial..... Date.....