

# *Early Learning and Care*

## **Authorised Nominee Consent Approval**



**Catholic Education**  
Diocese of Rockhampton

Dear Parents/Carers,

As part of the enrolment process across our Rockhampton Catholic Education Early Learning and Care kindergartens and outside school hours care services, you have recently provided the service with the name, address and contact details of any person who is to be notified of an emergency, involving your child, if you cannot be immediately contacted and additionally you have informed us of individuals who are authorised nominees (authorised nominee means a person who has been given permission by you to collect your child from the kindergarten or outside school hours care).

It is a legislative requirement that the centre/service confirms if you approve for these nominees to authorise additional actions that may be required.

Please complete the form below and return it, prior to your child's commencement this year, to the centre/service.

Feel free to contact the Director or Coordinator of your centre/service if you wish to discuss this further.

Yours sincerely,

Kathryn Byrne  
Early Learning and Care Coordinator  
Rockhampton Catholic Education

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## Authorised Nominee Consent Approval



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Diocese of Rockhampton

Child's Full Name: \_\_\_\_\_

Please tick the relevant boxes to authorise consent for your authorised nominees (as provided on your child's enrolment form):

|  |   |
|--|---|
| <b>Authorised Nominee's Name:</b> _____<br>(Authorised nominee who will be able to authorise)  | ✓ |
| <ul style="list-style-type: none"> <li>• <b>Medical treatment that may be required for your child</b> (in the enrolment process you have already authorised medical treatment being sought in situations which the centre staff consider it impossible or impracticable to communicate with you).</li> </ul> |   |
| <ul style="list-style-type: none"> <li>• <b>Administration of medication to your child at the centre, by completing and signing a medical consent form.</b></li> </ul>   |   |
| <ul style="list-style-type: none"> <li>• <b>An educator taking your child outside the premises on an excursion</b> (permission forms will be provided for consent for every excursion).</li> </ul>   |   |

|  |   |
|--|---|
| <b>Authorised Nominee's Name:</b> _____<br>(Authorised nominee who will be able to authorise)  | ✓ |
| <ul style="list-style-type: none"> <li>• <b>Medical treatment that may be required for your child</b> (in the enrolment process you have already authorised medical treatment being sought in situations which the centre staff consider it impossible or impracticable to communicate with you).</li> </ul> |   |
| <ul style="list-style-type: none"> <li>• <b>Administration of medication to your child at the centre, by completing and signing a medical consent form.</b></li> </ul>   |   |
| <ul style="list-style-type: none"> <li>• <b>An educator taking your child outside the premises on an excursion</b> (permission forms will be provided for consent for every excursion)..</li> </ul>  |   |

|  |   |
|--|---|
| <b>Authorised Nominee's Name:</b> _____<br>(Authorised nominee who will be able to authorise)  | ✓ |
| <ul style="list-style-type: none"> <li>• <b>Medical treatment that may be required for your child</b> (in the enrolment process you have already authorised medical treatment being sought in situations which the centre staff consider it impossible or impracticable to communicate with you).</li> </ul> |   |
| <ul style="list-style-type: none"> <li>• <b>Administration of medication to your child at the centre, by completing and signing a medical consent form.</b></li> </ul>   |   |
| <ul style="list-style-type: none"> <li>• <b>An educator taking your child outside the premises on an excursion</b> (permission forms will be provided for consent for every excursion)..</li> </ul>  |   |

Please ask for another permission form if you have additional authorised nominees who will be able to authorise for the above.

Parent/Carer Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_