



## ADDITIONAL AUTHORISED NOMINEE

I \_\_\_\_\_ HEREBY AUTHORISE THE FOLLOWING PERSON TO PERFORM THE DUTIES INDICATED BELOW ON MY BEHALF:

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

EMAIL: \_\_\_\_\_

***(PLEASE CIRCLE THE APPROPRIATE ACTIONS BELOW)***

AUTHORITY TO COLLECT: YES / NO

AUTHORITY TO CONTACT IN EMERGENCY: YES / NO

AUTHORITY FOR EXCURSION PERMISSION: YES / NO

AUTHORITY FOR PERMISSION TO ADMINISTER MEDICATION: YES / NO

DATE: \_\_\_\_\_ SIGNATURE OF PARENT: \_\_\_\_\_

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