



NOTE: This form will override all previous notifications of Authorised Nominees.

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: _____

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

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ADDRESS: _____

PHONE: (H) _____ (W) _____ (M) _____

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