



Authorisation For Pick Up

Authorisation For Pick Up

Child's Name: _____ Room: _____

Child's Name: _____ Room: _____

Date: _____

Date: _____

I wish to advise that the following person is authorised to pick up my Child (please tick one box):

I wish to advise that the following person is authorised to pick up my Child (please tick one box):

For today only

For today only

Whenever I inform staff

Whenever I inform staff

Each day for the following period _____

Each day for the following period _____

Name of Authorised Person: _____

Name of Authorised Person: _____

Relationship to Child: _____

Relationship to Child: _____

Phone Number: _____

Phone Number: _____

This authorised person will need to report to a staff member upon arrival and show identification.

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Please note that staff need to be notified each day if someone other than the child's parents or primary caregivers are picking them up.

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Parent Signature: _____

Parent Signature: _____