

## OTHER PERSON/S AUTHORISATIONS

Please list below the details of those people who you have authorised as emergency contacts for the child. This list may be amended at any time. In the event that the parents or guardians cannot be contacted the person/s listed below with authority will be contacted regarding collecting the child, in event of an emergency involving the child, consent to medical treatment or the administration of medication, or to authorise an Educator to take the child outside of the Service premises. Please tick the appropriate boxes for each contact to confirm authorisations.

<b>Name</b>	<b>Name</b>
<b>Address</b>	<b>Address</b>
<b>Phone (H) (W)</b>	<b>Phone (H) (W)</b>
<b>Mobile</b>	<b>Mobile</b>
<b>Relationship to child</b>	<b>Relationship to child</b>
<input type="checkbox"/> <b>Authorised to Collect (Authorised Nominee)</b> (Reg. 160(3)(b)(iii))	<input type="checkbox"/> <b>Authorised to Collect (Authorised Nominee)</b> (Reg. 160(3)(b)(iii))
<input type="checkbox"/> <b>Notification in the event of an Emergency</b> (Reg. 160(3)(b)(iii))	<input type="checkbox"/> <b>Notification in the event of an Emergency</b> (Reg. 160(3)(b)(iii))
<input type="checkbox"/> <b>Authorised to Consent to Medical Treatment</b> (Reg. 160(3)(b)(iv))	<input type="checkbox"/> <b>Authorised to Consent to Medical Treatment</b> (Reg. 160(3)(b)(iv))
<input type="checkbox"/> <b>Authorisation for the administration of medication</b> (Reg. 160(3)(b)(iv))	<input type="checkbox"/> <b>Authorisation for the administration of medication</b> (Reg. 160(3)(b)(iv))
<input type="checkbox"/> <b>Authorised to authorise an Educator to take the child outside of the premises</b> (Reg. 160 (3)(b)(iv)&(v))	<input type="checkbox"/> <b>Authorised to authorise an Educator to take the child outside of the premises</b> (Reg. 160 (3)(b)(iv)&(v))

  

<b>Name</b>	<b>Name</b>
<b>Address</b>	<b>Address</b>
<b>Phone (H) (W)</b>	<b>Phone (H) (W)</b>
<b>Mobile</b>	<b>Mobile</b>
<b>Relationship to child</b>	<b>Relationship to child</b>
<input type="checkbox"/> <b>Authorised to Collect (Authorised Nominee)</b> (Reg. 160(3)(b)(iii))	<input type="checkbox"/> <b>Authorised to Collect (Authorised Nominee)</b> (Reg. 160(3)(b)(iii))
<input type="checkbox"/> <b>Notification in the event of an Emergency</b> (Reg. 160(3)(b)(iii))	<input type="checkbox"/> <b>Notification in the event of an Emergency</b> (Reg. 160(3)(b)(iii))
<input type="checkbox"/> <b>Authorised to Consent to Medical Treatment</b> (Reg. 160(3)(b)(iv))	<input type="checkbox"/> <b>Authorised to Consent to Medical Treatment</b> (Reg. 160(3)(b)(iv))
<input type="checkbox"/> <b>Authorisation for the administration of medication</b> (Reg. 160(3)(b)(iv))	<input type="checkbox"/> <b>Authorisation for the administration of medication</b> (Reg. 160(3)(b)(iv))
<input type="checkbox"/> <b>Authorised to authorise an Educator to take the child outside of the premises</b> (Reg. 160 (3)(b)(iv)&(v))	<input type="checkbox"/> <b>Authorised to authorise an Educator to take the child outside of the premises</b> (Reg. 160 (3)(b)(iv)&(v))

## COURT ORDERS IN RELATION TO THE CHILD

Are there any:

- **court orders, parenting orders or parenting plans** relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?
- **other court orders** relating to the child's residence or the child's contact with a parent or other person?

No  go to the next section

Yes  **please complete the following:**

1. Bring the original order/s for educators to sight and attach a copy to this enrolment form;
2. Please describe the orders and provide the contact details of any person given powers, duties, responsibilities or authorities:

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## \*INFORMATION FOR BODIES WHICH PROVIDE FUNDING TO THIS EDUCATION AND CARE SERVICE

From time to time the Regulatory Authorities seek information on the characteristics of the children and their families who use an Education and Care Service. This is used in planning new policies, programs and resources to support services. To help provide accurate information please answer the following questions by ticking the appropriate box indicating Yes or No:

* Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
* Does either parent have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
* Is the family a single parent family?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## CONFIDENTIALITY OF ENROLMENT RECORDS

The approved provider of the Education and Care Service must ensure that the information in the child's enrolment record is not divulged or communicated, directly or indirectly, to another person other than as prescribed under Regulations 181 and 182 of the Education and Care Services National Regulations 2011. This includes, to the extent necessary for the education and care of the child or medical treatment of the child; or where expressly authorised, permitted or required to be given by or under any Act or law; or with the written consent of the person who provided the information.

**If you have questions when filling out this form, please contact your Education and Care Service**