Nature Alliance Family Day Care Service

Parent Authorisation for the Use of an Educator Assistant

Educator: _____ Educator Assistant: _____

Child/ren's Name:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

I _____ (Parent / Guardian) authorise the above-named Educator Assistant to care for my child/ren in the following circumstances as per Education and Care Services National Regulation 144:

a) Transporting children from the Educators residence to school, or from school, to other children's homes or services as required by the parents

b) When the Educators is in need of urgent medical care or treatment

c) When the Educator needs to attend a non-regular appointment and when:-
   i. The absence is less than 4 hours in duration and
   ii. Nature Alliance Family Day Care Service has approved the absence and
   iii. I have been notified of the absence.

d) Provide assistance to the Educator while the Educator is caring for the children.

Parent Signature: _____ Date: _____

Educator Signature: _____ Date: _____

Service Representative Signature: _____ Date: _____