



HNB LONG DAY CARE & PRE-SCHOOL

32 Anderson Avenue, Mt. Pritchard NSW 2170

Tel. 9823 5425 * Fax: 9711 2584 * Email: filcoop@optusnet.com.au * www.hnbdaycare.com.au

Service Provider No. 555-002-345C

PARENTS AUTHORISATION - Medical -

I, *(insert full name)* _____

of *(insert address)* _____

being a Parent/Guardian and having full custody of *(insert child's name)* _____

currently enrolled at the HNB Long Day Care & Pre-School Centre, located at 32 Anderson Avenue, Mt. Pritchard, NSW 2170.

In the event of an illness, accident or emergency situation involving my child, *(insert child's name)* _____, I authorize, the Director and/or staff to seek and provide any immediate treatment and seek hospital, dental and ambulance services that they deem appropriate and necessary whilst at the said premises of the child care centre.

Also, if after every reasonable effort has been made to contact me has failed, and if the Doctors consider immediate medical attention and/or medication, anaesthetic and/or minor surgery is necessary, they have my permission decide and act on my behalf.

I agree to abide by the rules and policies of HNB Long Day Care and Pre-School Centre and afford them my full cooperation to the best of my ability.

Parent's Name: _____ Signature _____

Date: _____