

**[PLEASE FILL THIS DOCUMENT BY TYPING, DO NOT PRINT AND HANDWRITE]**

**AUTHORISATIONS FORM**

**Child’s details:**

|  |  |  |  |
| --- | --- | --- | --- |
| First name: |  | Last name: |  |
| Date of Birth: |  |  |

**Emergency contact details:**

*It is understood by the setting that* ***all persons on this list*** *can be contacted in regard of an emergency related to the child and that they are all* ***equally*** *capable of making decisions on the child’s wellbeing.*

|  |  |
| --- | --- |
| Name and surname: |  |
| Relationship to the child: |  |
| Address: |  |
| Work address: |  |
| Mobile: |  |
| Work phone number: |  |

|  |  |
| --- | --- |
| Name and surname: |  |
| Relationship to the child: |  |
| Address: |  |
| Work address: |  |
| Mobile: |  |
| Work phone number: |  |

|  |  |
| --- | --- |
| Name and surname: |  |
| Relationship to the child: |  |
| Address: |  |
| Work address: |  |
| Mobile: |  |
| Work phone number: |  |

**Persons authorised to collect the child:**

*It is understood that all persons on this list are equally authorised to collect the child from the setting at any time. Should you have any comments on this section, please refer to the Manager.*

*The setting reserves the right to ask for identification (including photo ID) from whom is collecting the child should the staff member be unsure of the identity of the person.*

*Any person authorised to collect the child should be* ***18 years of age*** *or older.*

|  |  |
| --- | --- |
| Name and surname: |  |
| Relationship to the child: |  |

|  |  |
| --- | --- |
| Name and surname: |  |
| Relationship to the child: |  |

|  |  |
| --- | --- |
| Name and surname: |  |
| Relationship to the child: |  |

|  |  |
| --- | --- |
| Name and surname: |  |
| Relationship to the child: |  |

|  |  |
| --- | --- |
| Name and surname: |  |
| Relationship to the child: |  |

|  |  |
| --- | --- |
| Name and surname: |  |
| Relationship to the child: |  |

**Permission details:**

* ***Pets/animals***

I/we hereby give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be in contact with pets or animals that might be part of an activity in Next Generation After-school Preschool.

***Name of parent(s) and/or guardian(s):***

***Signature of Manager:***

*Date:*

* ***Accident and/or Emergency***

I/we \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent(s)/guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give permission to the staff team of Next Generation After-school to act on my behalf in case of an emergency or accident and to take such action as may be necessary for the benefit of my child. This decision is to be taken by the staff member in charge at the time of the emergency.

***Name of parent(s) and/or guardian(s):***

***Signature of Manager:***

*Date:*

* ***Administration of medication***

I/we \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent(s)/guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give permission to the staff team of Next Generation After-school to administer medication to my child when this may be required. I/we understand that a person on the emergency contact list will be contacted beforehand to give verbal consent at the time.

***Name of parent(s) and/or guardian(s):***

***Signature of Manager:***

*Date:*

* ***Photographing and recording***

(\*) In Generation Education **we do not take photographs and/or record the children**. We do so to protect their privacy and respect their personal space. We may, however, take photographs of the children’s work for display purposes. This applies for both New Generation Preschool and Next Generation Clubs.

***Early dropping and late collections policy***

Due to the ratios enforced upon all Preschool Services by Childcare Act Regulations, we are obligated to provide adequate staffing abide by these regulations. Therefore, any child that is being dropped earlier or collected later than the previously agreed timeframe, will incur a cost to Generation Education. These costs will be passed on to the parent(s) and/or guardian(s) of said child.

***Payment Terms***

Generation Education strictly adheres to ratios and other guidelines enforced by Childcare Regulations. This means we plan our resources (i.e. staffing and meals) in advance to ensure that all children are cared for within high childcare standards. Therefore, it is our policy that all payments are made monthly upfront. Management will issue a statement to all parents/guardians with time in advance to facilitate the payment arrangements.

Payments should be made by bank transfer to:

**Bank Account Name: PQR Ireland Ltd. - BIC:** AIBKIE2D **- IBAN:** IE88AIBK93412741131085

(\*) Please state the NAME, SURNAME of the CHILD, and the MONTH on the reference (i.e. *Jack Smith Sept*).

If you wished to make your payments by cheque or other method of payment, please direct this query to the manager.

***Policies and Procedures***

Generation Education follows its own handbook of Policies and Procedures to adhere to the appropriate Childcare Regulations for all childcare services. These are followed by staff at all times and all parents/guardians/families are expected to adhere to these, too.

I/we, have read, understood and agreed to the policies stated on these forms.

***Name of parent(s) and/or guardian(s):***

***Signature of Manager:***

*Date:*