

# Early Childhood Education and Care Services

## Family Day Care Relief Educator Authorisation Form



Educators Name:

Educators Address:

\_\_\_\_\_

Relief Family Day Care Educator:

Vehicle Type: \_\_\_\_\_ Registration \_\_\_\_\_

Dates:


### Parent/guardian conformation and authorisation;

I, \_\_\_\_\_ parent/guardian of

Child/ren's Names


- Am aware that \_\_\_\_\_ will be providing relief family day care education and care to my children on the above dates.
- I give my permission for \_\_\_\_\_ (current educator) to share all my child/ren's records, permissions and forms with \_\_\_\_\_ to assist her in providing education and care to my child/ren.
- I understand that \_\_\_\_\_ will be working with my child/ren's usual care environment/s and working according to service policies and where possible follow the normal routine of the child/ren's day.
- I agree to complete all forms/timesheets/attendance records as required.

Signed : \_\_\_\_\_ Date: \_\_\_\_\_