



Authority for Participant to leave/arrive unaccompanied.

Service name: Katrina Thompson trading as Kat's Care Services

Name of parent/guardian:

Address:

Telephone:

Relationship to participant:

I hereby give permission for:

to travel **from** the registered service address: 8 Stafford Road West Albury NSW 2640

to:

Expected time of **departure** from the registered service address:

Route:

Method of transport:

To travel **to** the registered service address: 8 Stafford Road West Albury NSW 2640

From:

Expected time of **arrival** at the registered service address:

Route:

Method of transport:

Document Name	Version Number	Date of Issue	Review Date
KCS_Authority for participant to leave/arrive unaccompanied.	1.0.0	18 March 2019	As required

Authority for Participant to leave/arrive unaccompanied.

If the participant does not arrive at the expected time, the service procedure to notify authorised contacts will be followed.

Note: Every effort is made to ensure the safety of participants arriving and departing unaccompanied to the service. The provider will sign unaccompanied participants in or out at specific times according to service procedures. Prior to the participant being signed into the service or after the participant is signed out no responsibility can be taken.

Parent/guardian signature:

Date:

Provider signature:

Date:

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