



## Authorised Persons (Under 18 years of age)

The persons listed may be contacted to collect your participant in an emergency if parents/guardians are not available and under Kat's Care Services policy and procedures.

	1. Contact	2. Contact
Relationship to participant:		
Name:		
Date of birth:		
Street address:		
Town:		
Home phone:		
Mobile:		
Work/study phone:		
Work/study place:		

Participant's authorised to be collected:

1. Participant's name:	
2. Participant's name:	
3. Participant's name:	
4. Participant's name:	

## Parent Declaration and Agreement

I have read and accept parent/guardian conditions and responsibilities as stated in Kat's Care Services Handbook for Families.

All information and terms and conditions are available on [www.katscareservices.com.au](http://www.katscareservices.com.au) or contact T: (02) 60458797 OR 0409274790 for a paper copy.

By completing and returning this form you are agreeing to the terms and conditions of Kat's Care Services. Please make any comments below.

Please detail circumstances allowing underage person to pick up participant:

Parent/guardian name:

Date:

Parent/guardian signature:

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KCS_Authority person under 18 years of age.	1.0.0	18 March 2019	As required