**Authorisation form**

Written authorisation

|  |  |
| --- | --- |
| Name of parent/carer giving authorisation |  |
| New authorised person’s details |
| Name  |  |
| Address  |  |
| Phone number |  |
| ID shown at first visit  |  |
| Authorisation details |
| Name of child to be collected |  |
| Service from which child is to be collected |  |
| Start date of authorisation to collect child |  | End date of authorisation to collect child |  |
| Parent/carer signature |  | Date |  |

**Verbal or other written authorisation**

Please note: This section is to be completed by the TCKC staff member if a verbal or other written authorisation is received.

|  |  |
| --- | --- |
| Name of parent/carer giving authorisation |  |
| Authorisation received by | [ ]  telephone [ ]  text message [ ]  email [ ]  other (please specify) |
| New authorised person’s details |
| Name  |  |
| Address  |  |
| Phone number |  |
| ID shown at first visit  |  |
| Authorisation details |
| Name of child to be collected |  |
| Service from which child is to be collected |  |
| Start date of authorisation to collect child |  | End date of authorisation to collect child |  |
| TCKC staff member signature |  | Date |  |

**Transport service authorisation**

|  |  |
| --- | --- |
| **Name of parent/carer giving authorisation** |  |
| **Authorised mode of transport details** |
| **Name of transport company** |  |
| **Service type eg bus, taxi** |  |
| **Driver ID** |  |
| **Authorisation details** |
| **Name of child to be transported** |  |
| **Start date of authorisation to travel** |  | **End date of authorisation to travel** |  |
| **Specific instructions** |
|  |
| **Parent/carer signature** |  | **Date** |  |