Refusal of Authorisation Form

Complete this form if an authorisation is incomplete or does not meet the service's Policies and Procedures.

Child's Name: _____

Today's Date: _____

Type of Authorisation: (tick authorisation that applies)

- Administration of medication
- Administration of medical treatment, first aid and ambulance transportation
- Excursions, including regular outings.
- Taking of photographs by people who aren't educators
- Water based activities
- Collection of child

Details of Refusal: _____

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Name of person completing form: _____

Signature: _____ Date: _____