

Ratcliffe Crescent, Florey ACT 2615  
PO Box 223, Kippax ACT 2615  
Website: [www.floreyps.act.edu.au](http://www.floreyps.act.edu.au)

Telephone (02) 6205 8011  
Fax (02) 6205 8002

---

## ADDITIONAL AUTHORISATION FORM FOLLOWING CONSENT BY PHONE/EMAIL/FAX

*This record is to be used as a follow-up to a verbal/email/fax authorisation when the parent/guardian or authorised nominee is next at the preschool*

I \_\_\_\_\_ authorised by telephone/email/fax (please circle)

for my child/ren (write name/s)

\_\_\_\_\_

to be collected from preschool on \_\_\_\_\_ (date)  
by:

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

**The original of this form must be placed on the student's file.**

---