



Educator assistant approval to solely supervise children form

Complete this form when you will be away and your approved educator assistant will be the sole person supervising the children. For example, attending a planned doctor's appointment or funeral. The time away must be less than 4 hours.

Submit this form to your scheme manager for approval, before the event.

Educator details

Scheme name: _____

First name: _____ Last name: _____

Educator assistant details

First name: _____ Last name: _____

Event details

Event date: _____

Event time: from _____ am/pm to _____ am/pm

Reason for absence _____

Permission details

Educator assistant

I agree the above information to be true and correct.	Yes or no (circle your choice)
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Educator assistant's signature: _____ Date: _____





Educator

I agree the above information to be true and correct.	Yes or no (circle your choice)
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Educator's signature: _____ Date: _____

Service Manager (office use only)

All parents or carers of children in care on this day have been advised.	Yes or no (circle your choice)
Name of parent notified	Date notified

Service manager's full name: _____

Service manager's signature: _____ Date: _____

