

Additional emergency contact

Authorised persons are required to present photo ID. Refer to *Arrival, departure and access Procedure*.

Child's name	
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Emergency Contact

This person is aware that I am nominating them as an additional contact for my child and that I am providing their personal information to C&K for this purpose

Name:

DOB: DD / MM / YY Gender Male Female

Child's name for contact:

Relationship to child:

Home address:

Street name:

Suburb: Postcode:

Home telephone:

Mobile telephone:

Email address:

Work telephone:

I / we authorise additional contact to:

- Deliver and collect my child from this centre.
- Be notified of any emergency involving my child if I/we cannot be immediately contacted.
- Consent to medical treatment including the administration of medication to my child if I / we cannot be immediately contacted.
- Authorise an educator to take my child outside this centre (e.g. an excursion).

Parent / guardian name:
.....

Parent/guardian signature:
.....

Date: DD / MM / YY

Emergency Contact

This person is aware that I am nominating them as an additional contact for my child and that I am providing their personal information to C&K for this purpose

Name:

DOB: DD / MM / YY Gender Male Female

Child's name for contact:

Relationship to child:

Home address:

Street name:

Suburb: Postcode:

Home telephone:

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I / we authorise additional contact to:

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Parent / guardian name:
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Date: DD / MM / YY