

## NQS2 Children's Health and Safety Form

## **Additional emergency contact**

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

Child's name

Emergency Contact	
Name:	I / we authorise additional contact to:
DOB: DD / MM / YY Gender   Male   Female	<ul> <li>Deliver and collect my child from this centre.</li> <li>Be notified of any emergency involving my child if l/we cannot be immediately contacted.</li> <li>Consent to medical treatment including the</li> </ul>
Child's name for contact:	administration of medication to my child if I / we
Relationship to child:	cannot be immediately contacted.
Home address:	Authorise an educator to take my child outside this service (e.g. an excursion).
Street name:	Parent / guardian name:
Suburb: Postcode:	r arent / guardian name.
Home telephone:	
Mobile telephone:	Parent/guardian signature:
Email address:	
Work telephone:	Date: DD / MM / YY
Emergency Contact	
Name:	I / we authorise additional contact to:
	Deliver and collect my child from this centre.
DOB: DD / MM / YY Gender 🗆 Male 🗆 Female	<ul> <li>Be notified of any emergency involving my child if I/we cannot be immediately contacted.</li> </ul>
Child's name for contact:	Consent to medical treatment including the administration of medication to my child if I / we
Relationship to child:	cannot be immediately contacted.
Home address:	Authorise an educator to take my child outside this service (e.g. an excursion).

Parent / guardian name:

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Parent/guardian signature:

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Date: DD / MM / YY

ECE Manager / Consultant Policy Reference Child's health and safety

Street name: .....

Suburb: ..... Postcode: .....

Home telephone: .....

Mobile telephone: ..... Email address: .....

Work telephone: .....