

Additional emergency contact

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

Child's name	
---------------------	--

Emergency Contact

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 service (e.g. an excursion).

Parent / guardian name:
.....

Parent/guardian signature:
.....

Date: DD / MM / YY

Emergency Contact

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 service (e.g. an excursion).

Parent / guardian name:
.....

Parent/guardian signature:
.....

Date: DD / MM / YY