

NQS2 Children's Health and Safety Form

Additional emergency contact

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

Child's name				
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:		 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 a teacher/educator to take my child outside this centre, and to transport my child or arrange transportation of my child, e.g., an 		
			Relationship to child:	
			Home address:	
Street name:			Parent / guardian name:	
Suburb:	Postcode:			
Home telephone:		Parent/guardian signature:		
Mobile telephone:				
Email address:				
107 1 4 1 1		Date: DD / MM / YY		
Work telephone:		Date: 22 / Innit / 11		
Emergency Cont				
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16.03.2022 V2 20.03.2023