

<b>Child's name</b>	
<b>Centre name</b>	

### Additional 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.

When collecting your child, this person is aware they will need to present appropriate photo ID to prove their identity.

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 a teacher/educator to take my child outside this centre, and to transport my child or arrange transportation of my child e.g. an excursion

Parent/guardian name:

.....

Parent/guardian signature:

.....

Date: DD / MM / YY

### Additional 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.

When collecting your child, this person is aware they will need to present appropriate photo ID to prove their identity.

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 a teacher/educator to take my child outside this centre, and to transport my child or arrange transportation of my child e.g. an excursion

Parent/guardian name:

.....

Parent/guardian signature:

.....

Date: DD / MM / YY