

Emergency contact details

Please notify us of any changes to these details. It is important for us to maintain up-to-date contact details at all times so we can provide the best care for your child.

In the unlikely event of an emergency, please nominate the people you would like us to contact (including yourselves if appropriate). A copy of this form will be kept securely in your child's room.

Child's name:

Date of birth: / /

Emergency contact 1

(parent/guardian/person with parental responsibility)

Name: _____
 M ☎: _____
 H ☎: (_____) _____ W ☎: (_____) _____
 Street address: _____
 Suburb: _____
 State: Postcode:

Emergency contact 2

(parent/guardian/person with parental responsibility)

Name: _____
 M ☎: _____
 H ☎: (_____) _____ W ☎: (_____) _____
 Street address: _____
 Suburb: _____
 State: Postcode:

Emergency contact 3 (other than parent/guardian)

Title: Dr Mr Mrs Miss Ms Other _____ First name: _____ Surname: _____
 Relationship to child: _____ M ☎: _____ H ☎: (_____) _____
 W ☎: (_____) _____ Preferred contact number: Mobile Home Work
 Street address: _____
 Suburb: _____ State: Postcode:

Please tick all statements that apply to this contact:

- This person is an authorised nominee to collect my child from the centre, and to give permission to another person to collect my child from the centre.
- This person is authorised to consent to medical treatment and administration of medication and sign incident reports for my child.
- This person is authorised to give permission to an educator to remove my child from the early learning centre for excursions or medical treatment from a registered medical practitioner, hospital or ambulance service.

Emergency contact 4 (other than parent/guardian)

Title: Dr Mr Mrs Miss Ms Other _____ First name: _____ Surname: _____
 Relationship to child: _____ M ☎: _____ H ☎: (_____) _____
 W ☎: (_____) _____ Preferred contact number: Mobile Home Work
 Street address: _____
 Suburb: _____ State: Postcode:

Please tick all statements that apply to this contact:

- This person is an authorised nominee to collect my child from the centre, and to give permission to another person to collect my child from the centre.
- This person is authorised to consent to medical treatment and administration of medication and sign incident reports for my child.
- This person is authorised to give permission to an educator to remove my child from the early learning centre for excursions or medical treatment from a registered medical practitioner, hospital or ambulance service.

Emergency contact 5 (other than parent/guardian)

Title: Dr Mr Mrs Miss Ms Other _____ First name: _____ Surname: _____
 Relationship to child: _____ M ☎: _____ H ☎: (_____) _____
 W ☎: (_____) _____ Preferred contact number: Mobile Home Work
 Street address: _____
 Suburb: _____ State: Postcode:

Please tick all statements that apply to this contact:

- This person is an authorised nominee to collect my child from the centre, and to give permission to another person to collect my child from the centre.
- This person is authorised to consent to medical treatment and administration of medication and sign incident reports for my child.
- This person is authorised to give permission to an educator to remove my child from the early learning centre for excursions or medical treatment from a registered medical practitioner, hospital or ambulance service.

Medical information (in the unlikely event of a medical emergency your child's medical practitioner's contact details may be required)

Medical practitioner's name: _____
 Street address: _____
 Suburb: _____ State: Postcode:
 P ☎: (_____) _____ Fax: (_____) _____

My child's known allergies: _____

My child's regular medications: _____