



Adding an Emergency Contact or Authorised Nominee

This form is to be completed by a parent/guardian to add an emergency contact/authorized nominee to an existing enrolment record for the following children:

First Child	Date of Birth
<input type="text"/>	<input type="text"/>
Second Child	Date of Birth
<input type="text"/>	<input type="text"/>
Third Child	Date of Birth
<input type="text"/>	<input type="text"/>

Additional Emergency Contact Details

First Name	Last Name	Relationship to Child
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Date of Birth	
<input type="text"/>	<input type="text"/>	

Address

Address Line 1:	<input type="text"/>		
Address Line 2:	<input type="text"/>		
Suburb:	<input type="text"/>	Post Code:	<input type="text"/>
		State:	<input type="text"/>

Contact Information

Home Phone	Mobile Phone
<input type="text"/>	<input type="text"/>
Work Phone	Email
<input type="text"/>	<input type="text"/>

Authorisations

Do you authorise this person to collect your child/children?

Yes

No

Do you authorise this person to be notified in the event of an emergency involving your child/children if you cannot be contacted immediately?

Yes

No

Do you authorise this person to give consent for medication to be administered to your child/children?

Yes

No

Do you authorise this person to give consent for medical treatment for your child/children?

Yes

No

Can this person authorise an educator to take your child/children outside the service (eg. for an excursion)?

Yes

No

Can this person authorise an educator to take your child/children outside the education and care service premises (e.g. to be transported by ambulance)?

Yes

No

Can this person authorise an educator to transport your child/children or arrange transportation for your child (e.g. for the purposes of an excursion)?

Yes

No

Photo ID

Photo ID Type:

Driver's Licence

Passport

18+ Card

Photo ID Number:

Name of parent/guardian:

Date:

Signature of Guardian: