

**Additional emergency contact**

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

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

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Name: .....

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