

**Additional emergency contact**

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

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

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

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