

EMERGENCY CONTACTS & AUTHORISED CONTACTS FOR COLLECTION



The following individuals have permission to collect my child from the Centre, to be notified of an emergency involving my child if I cannot be contacted and to authorise consent for medical treatment or administration of medication for my child. These contacts may also authorise an educator to take the child outside the service premises if necessary.

Please supply 2 names, other than the child’s parents / guardians.

NOTE – It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency, or asked to collect your child when you cannot be contacted.

EMERGENCY CONTACT 1 Other than Parent/Guardian
Name:
Relationship to child:
Contact Number:
Address:

EMERGENCY CONTACT 1 Other than Parent/Guardian
Name:
Relationship to child:
Contact Number:
Address:

Additional people who are authorised only to collect my child:

Name of authorised persons	Contact number	Address

Parent/Guardian Signature: _____ Date: _____.