Surname:	First Name:
Relationship to child:	
Home address:	
Contact numbers- Ho	me: Work:
Mobile:	Signature of emergency contact:
Can this person be co	entacted in an emergency? Yes / No
Is this person authoris	sed to collect your child? Yes / No
Can this person author	orise medical treatment for your child? Yes / No
Can this person author	orise the administration of medication to your child? Yes / No
Can this person author Yes / No	orise an educator to take your child outside the service (e.g. fire, flood or practice drill)?
What is the best conta	act for this person between 7am-9am & 2.30pm-6pm?
Person 2-	
	First Name:
Relationship to child:	
Home address:	
	me: Work:
Contact numbers- Ho	me: Work: Signature of emergency contact:
Contact numbers- Ho	
Contact numbers- Ho Mobile: Can this person be co	Signature of emergency contact:
Contact numbers- Ho Mobile: Can this person be co	Signature of emergency contact: ontacted in an emergency? Yes / No
Contact numbers- Ho Mobile: Can this person be co Is this person authoris Can this person authoris	Signature of emergency contact: entacted in an emergency? Yes / No sed to collect your child? Yes / No
Contact numbers- Ho Mobile: Can this person be co Is this person authoris Can this person author Can this person author	Signature of emergency contact: ontacted in an emergency? Yes / No sed to collect your child? Yes / No orise medical treatment for your child? Yes / No

Child's Name:_____

Additional Contacts form