

Emergency Contact and Authorisation to Collect Form



Child's full name		Date of Birth	
Date completed			
Service your child is currently attending (please tick)			
<input type="checkbox"/>	Deniliquin Preschool		
<input type="checkbox"/>	Deniliquin Childcare Centre		
<input type="checkbox"/>	Mobile Preschool/Childcare	Mobile Location	
<input type="checkbox"/>	Barham Early Learning Service Childcare		
<input type="checkbox"/>	Barham Early Learning Service Preschool		

EMERGENCY CONTACTS / AUTHORISED NOMINEES			
<p><i>There may be times where your child has had an accident, injury, trauma or illness and you cannot be reached. In this situation, the service will notify the following Authorised Nominees to collect and care for the child. These persons must live a maximum of 30 minutes from the service and must provide identification when collecting.</i></p>			
Emergency Contact Person 1		Emergency Contact Person 2	
Name		Name	
Relationship		Relationship	
Address		Address	
Phone 1		Phone 1	
Phone 2		Phone 2	
Email		Email	
Consent to be Emergency Contact Person 1		Consent to be Emergency Contact Person 2	
I consent to be an Emergency Contact person for the child and agree to be contacted in the case of an emergency involving this child.		I consent to be an Emergency Contact person for the child and agree to be contacted in the case of an emergency involving this child.	
Name		Name	
Signature		Signature	

EMERGENCY CONTACT AND AUTHORISATION TO COLLECT FORM

Medical Authorisation Contact Person 1		Medical Authorisation Contact Person 2	
I consent for the Emergency Contact Person 1 named above to be contacted to give consent for medical treatment or to authorise the administration of medication to the child I cannot be contacted.		I consent for the Emergency Contact Person 2 named above to be contacted to give consent for medical treatment or to authorise the administration of medication to the child I cannot be contacted.	
Signature Parent / Guardian 1		Signature Parent / Guardian 1	
Signature Parent / Guardian 2		Signature Parent / Guardian 2	
Collection Authorisation Contact Person 1		Collection Authorisation Contact Person 2	
I consent for the Emergency Contact Person 1 named above to collect the child and take them out of the service if I cannot be contacted.		I consent for the Emergency Contact Person 2 named above to collect the child and take them out of the service if I cannot be contacted.	
Signature Parent / Guardian 1		Signature Parent / Guardian 1	
Signature Parent / Guardian 2		Signature Parent / Guardian 2	
Transport Authorisation Contact Person 1		Transport Authorisation Contact Person 2	
I consent for the Emergency Contact Person 1 named above to authorise the transportation of the child by the service if I cannot be contacted.		I consent for the Emergency Contact Person 2 named above to authorise the transportation of the child by the service if I cannot be contacted.	
Signature Parent / Guardian 1		Signature Parent / Guardian 1	
Signature Parent / Guardian 2		Signature Parent / Guardian 2	

DECLARATION			
As a person who has lawful authority of the child referred to in this enrolment form, I:			
<ul style="list-style-type: none"> • Declare that the information in this enrolment form is true and correct and will endeavour to immediately inform the service in the event of any change to this information, • Agree to update any information relating to those individuals I have nominated to be an Authorised Nominee or Emergency Contact 			
Name Parent/Guardian 1		Name Parent/Guardian 2	
Signature		Signature	

Office Use Only- Emergency Contact Checklist	
	Information updated in Xplor
	Information read by Lead Educator and communicated to educators
	Updated forms/ information filed in child's Enrolment Record