

Contact Update Form

Child/ren's name:.....

Parent/Guardian's name:.....

Parent/Guardian's signature:.....

This form is to be used when updating or adding a contact to a family. Contacts can have different typing; one or more of the following in combination.

- EMERGENCY CONTACT
 - Nominate a person (*other than parents/guardians*) to contact in case of an emergency.
- AUTHORISED NOMINEE TO CONSENT FOR MEDICAL TREATMENT AND/OR ADMINISTRATION OF MEDICATION
 - Nominate a person (*other than parents/guardians*) to contact in case of an emergency.
- COLLECTION OF CHILD/REN - *Access will be denied to non-authorised persons*
 - Who, (*other than the parents/guardians*) has permission to collect your child/ren from the educator's home?

Contact One

New Contact Existing Contact

Please tick what type of contact they will be listed as (they can be listed as multiple types)

Emergency Contact Medical Consent Collection of Child

Full Name:

Telephone #: (Home)..... (Mobile)..... (Work).....

Email (*required*):

Home Address (*required*).....

Contact Two

New Contact Existing Contact

Please tick what type of contact they will be listed as (they can be listed as multiple types)

Emergency Contact Medical Consent Collection of Child

Full Name:

Telephone #: (Home)..... (Mobile)..... (Work).....

Email (*required*):

Home Address (*required*).....