

Emergency Contacts (Authorised Nominee)

Students Name: _____

Emergency Contact 1: (Other than parent/guardian/carer listed previously)

Given name: Family name:

Street address:

Suburb: State: Postcode:

Home Phone: Mobile Phone:

Work Phone: Relationship to child/ren:

Is this person authorised to collect the child/ren from preschool? (Please tick) Yes No

Is this person authorised to consent to medical treatment? Yes No

Is this person someone who is authorised to authorise an educator to take the child outside the education and care service premises? Yes No

Emergency Contact 2: (Other than parent/guardian/carer listed previously)

Given name: Family name:

Street address:

Suburb: State: Postcode:

Home Phone: Mobile Phone:

Work Phone: Relationship to child/ren:

Is this person authorised to collect the child/ren from preschool? (Please tick) Yes No

Is this person authorised to consent to medical treatment? Yes No

Is this person someone who is authorised to authorise an educator to take the child outside the education and care service premises? Yes No