

Outside School Hours Care CHANGE OF EMERGENCY CONTACTS

Child One

Child Two

Child Three

Child's Full Name: _____
 Child's Date of Birth: _____
 Current Year Level: _____

Every attempt will be made to contact the authorised Parent(s)/Guardian(s) first.

Name:	Relationship to child/ren:	Contact Details.	Authority to collect child/ren without contacting Parent/Guardian first?	Emergency Contact when unable to contact Parent/Guardian?
		Home:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Mobile:		
		Work:		
		Home:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Mobile:		
		Work:		
		Home:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Mobile:		
		Work:		

- On arrival to collect your child, if the Service staff is not familiar with the parent/guardian or emergency contact, proof of identification will be requested. Please inform your contact of this possibility.
- It is the parent/guardian's responsibility to ensure that the emergency and approval to collect contact details are current.
- If anyone other than the people listed as primary emergency contacts or approved to collect, are collecting children, authorised Parents/Guardians, MUST inform the service, preferably in writing.
E.g. child going home with another child to attend birthday party.

DECLARATION:

I have read, understood, and agree to abide by the conditions of services **arrivals and departures** procedure.
 I certify that the information contained in this EMERGENCY CONTACT ALTERATION form is correct and agree to notify the person in charge of the Service of any change to any information contained therein.

Name of Parent/Guardian (a): PLEASE PRINT	Signature:	Date: / /
Name of Parent/Guardian (b): PLEASE PRINT	Signature:	Date: / /
Name of Director/ Authorised Manager: PLEASE PRINT	Signature:	Date: / /

