

Shoalhaven Family Day Care 4/80 Park Rd (P.O Box 42) Nowra, 2541

familydaycare@shoalhaven.nsw.gov.au | www.shoalhaven.nsw.gov.au | Phone: (02) 4429 5610 | Fax: (02) 4421 7968

Parent/Guardian name: ..... Date: .....

Child's name: .....

In the event of an emergency we will attempt to contact parents/guardians as listed above. If we are unable to make contact we will attempt to contact your emergency contacts listed.

To assist us to deal with these situations, one of the following people authorised to collect and care for your child after an accident, injury, trauma or while they are ill will be notified. The emergency contacts listed on this form are the only people who can collect your child/ren if you cannot collect them yourself. All emergency contacts must be over 16 years of age. At least one emergency contact is required.

The below emergency contacts have my consent to authorise the medical treatment of my child, for the approved provider, a nominated supervisor or an educator to seek:

- Medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and
- Transportation of the child by an ambulance service

## 1 Authorised Nominee in an Emergency

In an **emergency**, if parents/guardians cannot be contacted, please nominate an authorised nominee:

First name: ..... Surname: .....

Address: ..... Suburb: ..... Postcode: .....

Phone: ..... Mobile: .....

Place of employment: *(optional)* ..... Email: .....

Relationship to Child: .....

## 2 Authorised nominee for collection of child from care

Please list adults with permission to collect child from care in addition to enrolling parents/guardians:

1) First name: ..... Surname: .....

Address: ..... Suburb: ..... Postcode: .....

Phone: ..... Mobile: .....

Place of employment: *(optional)* ..... Email: .....

Relationship to Child: .....

2) First name: ..... Surname: .....

Address: ..... Suburb: ..... Postcode: .....

Phone: ..... Mobile: .....

Place of employment: *(optional)* ..... Email: .....

Relationship to Child: .....

Parent/Guardian signature: ..... Date: .....

### OFFICE USE ONLY

Form Number: 3527	Issue Date: 05/2018
Version Number 1	Next Review date: 06/2020