

Authorised Nominee/ Emergency Contacts Update Form

Child's name: _____

Note: Children will not be released into the care of anyone other than an authorised person without written consent.

Nominee 1

Authorised nominee- this person is authorised to carry out the following responsibilities for my/our children

Full name	_____	<input type="checkbox"/>	Collect the child from the education and care service
Address	_____	<input type="checkbox"/>	Authorise an educator to take the child outside the education and care services premises
Relationship to child	_____	<input type="checkbox"/>	Emergency contact
Home phone	_____	<input type="checkbox"/>	Consent to medical treatment
Work phone	_____	<input type="checkbox"/>	Authorise administration of medication
Mobile	_____		

Nominee 2

Authorised nominee- this person is authorised to carry out the following responsibilities for my/our children

Full name	_____	<input type="checkbox"/>	Collect the child from the education and care service
Address	_____	<input type="checkbox"/>	Authorise an educator to take the child outside the education and care services premises
Relationship to child	_____	<input type="checkbox"/>	Emergency contact
Home phone	_____	<input type="checkbox"/>	Consent to medical treatment
Work phone	_____	<input type="checkbox"/>	Authorise administration of medication
Mobile	_____		

Nominee 3

Authorised nominee- this person is authorised to carry out the following responsibilities for my/our children

Full name	_____	<input type="checkbox"/>	Collect the child from the education and care service
Address	_____	<input type="checkbox"/>	Authorise an educator to take the child outside the education and care services premises
Relationship to child	_____	<input type="checkbox"/>	Emergency contact
Home phone	_____	<input type="checkbox"/>	Consent to medical treatment
Work phone	_____	<input type="checkbox"/>	Authorise administration of medication
Mobile	_____		

Nominee 4

Authorised nominee- this person is authorised to carry out the following responsibilities for my/our children

Full name	_____	<input type="checkbox"/>	Collect the child from the education and care service
Address	_____	<input type="checkbox"/>	Authorise an educator to take the child outside the education and care services premises
Relationship to child	_____	<input type="checkbox"/>	Emergency contact
Home phone	_____	<input type="checkbox"/>	Consent to medical treatment
Work phone	_____	<input type="checkbox"/>	Authorise administration of medication
Mobile	_____		

Nominee 5

Authorised nominee- this person is authorised to carry out the following responsibilities for my/our children

Full name	_____	<input type="checkbox"/>	Collect the child from the education and care service
Address	_____	<input type="checkbox"/>	Authorise an educator to take the child outside the education and care services premises
Relationship to child	_____	<input type="checkbox"/>	Emergency contact
Home phone	_____	<input type="checkbox"/>	Consent to medical treatment
Work phone	_____	<input type="checkbox"/>	Authorise administration of medication
Mobile	_____		