



Change of Details/Nominated Contacts Form

Child's Surname: _____

Given Name: _____

CHANGE REQUIRED

Are you **adding** a nominated contact person?

Yes No

Are you **deleting** a nominated contact person? Yes No

Name of the person you would like to delete: _____

If yes, please fill in the details below.

- By giving the details of at least two nominated contact people, you are permitting the pre-school to contact these persons in case of an emergency where parents / guardians cannot be contacted.
- An emergency may include failure by the parent/guardian to collect the child from the pre-school prior to closing time, or in the case of accident or illness.
- This means they are authorised to be contacted and collect the child without any further permission from the parents/guardians.
- To prevent confusion, it is requested that the parents/guardians advise the pre-school in writing whenever these persons will be collecting the child.
- Please select by ticking the appropriate box which areas of authorisation you permit for each contact person.

Contact 1 (Must be different to parents)

Contact 2 (Must be different to parents)

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Mobile Phone: _____

Mobile Phone: _____

Collect/deliver child

Collect/deliver child

Sign excursion permission

Sign excursion permission

Approve seeking of medical treatment

Approve seeking of medical treatment

Approve administration of medication

Approve administration of medication

Be contacted in emergency

Be contacted in emergency

Sign minor incident/accident forms

Sign minor incident/accident forms

PARENT/GUARDIAN INFORMATION

Mother / Guardian One

Father / Guardian Two

First Name: _____ Surname: _____

First Name: _____ Surname: _____

Residential Address (if different to child) _____

Residential Address (if different to child) _____

Mobile Number: _____ Work Number: _____

Mobile Number: _____ Work Number: _____

Email Address: _____

Email Address: _____

Employer Name: _____

Employer Name: _____

NOTE: This section must be signed by both parents/guardians if the child resides with more than one parent/ guardian.

Signature: _____

Signature: _____

Dated: _____

Dated: _____