

# 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: .....