

OUTSIDE SCHOOL HOURS CARE Update Emergency Contact

Child Name	
Guardian Name	
Enrolled Service	

Emergency Contacts and Authorised Nominees

Emergency Contact Name			
Home Phone			
Mobile			
Home Address			
Email Address			
Relationship to Child			
Do you authorise this person to drop off and collect your child/ren on your behalf? <i>If yes we require an email address to send a sign in/out PIN</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you authorise this person to consent to medical treatment and/or authorise administration of medication to your child/ren on your behalf?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you authorise this person to be contacted in the event of an emergency if you cannot be immediately contacted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you authorise this person to consent for your child/ren to be taken outside the education and care service premises with an educator?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Any comments, remove previous contacts, etc?			

Effective From Date	
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Guardian Signature	
Print Full Name	

The personal information in this form is required by Clarence City Council for the Clarence Outside School Hours Care under the Child Care Act 2001. We will only use your personal information for this and directly related purposes or as required by law. If this information is not provided, we may not be able to place your child in care. You may access and/or amend your personal information at any time. How we use this information is explained in Council's Privacy Policy, which is available at www.ccc.tas.gov.au or from the Clarence Children's services Coordination Unit.

OFFICE USE				
Contacts in Child Profile updated?	<input type="checkbox"/>	Service Staff Messaged?	<input type="checkbox"/>	Completed by?
SAVE THIS DOCUMENT IN THE DOCS TAB ON THE CHILDS PROFILE				