



## Authorised Contact

### Primary Parent/Carer's Details

Full Name:

Address:

Contact Numbers: M

H

Change / Add / Delete Contact  
(please circle)

Change / Add / Delete Contact  
(please circle)

#### Authorised Contact 1

#### Authorised Contact 2

Relationship to child/ren:

Eg Neighbour, Family Friend, Aunt

Relationship to child/ren:

Eg Neighbour, Family Friend, Aunt

First Name :

First Name :

Last Name:

Last Name:

### To add this person as an authorised contact you must provide FULL contact details.

#### Authorised Contact 1

#### Authorities

Street Name & Number

Can drop off/collect child

Yes  No

Suburb

Contact in emergency

Yes  No

Postcode

Consent to medical treatment

Yes  No

Contact Numbers: M

Authorise Staff to take the child outside  
the Service e.g. excursions

Yes  No

H

W

Authorise administration of medication

Yes  No

#### Authorised Contact 2

#### Authorities

Street Name & Number

Can drop off/collect child

Yes  No

Suburb

Contact in emergency

Yes  No

Postcode

Consent to medical treatment

Yes  No

Contact Numbers: M

Authorise Staff to take the child outside  
the Service e.g. excursions

Yes  No

H

W

Authorise administration of medication

Yes  No

I authorise the above changes to the "Authorised Contacts" to my account as detailed

Name:

Signature:

Date:

Office Use	Received:
	Processed by: <span style="float: right;">Date:</span>