Emergency Contact Form

Child's Full Name:	D.O.B:	☐ Male ☐ Female
Address:		

Parent/Guardian 1	**Parent/Guardian 2**
Full Name:	Full Name:
Address:	Address:
Work Number:	Work Number
Mobile Number:	Mobile Number:
Relationship to Child:	Relationship to Child:
☐ Emergency Contact	☐ Emergency Contact
Emergency Contacts & Authorised Persons	
Full Name:	Full Name:
Address:	Address:
Work Number:	Work Number
Mobile Number:	Mobile Number:
Relationship to Child:	Relationship to Child:
☐ Authorised to Collect ☐ Authorised to consent to medical treatment/administration of medication ☐ Authorised to allow educator to take child outside of FDC premises	☐ Authorised to Collect ☐ Authorised to consent to medical treatment/administration of medication ☐ Authorised to allow educator to take child outside of FDC premises
Medical Information	

Doctors Name:	Phone:
Doctors Address:	
Medicare Number:	Immunisation Status: ☐ Current ☐ Not Current
Medical Conditions: ☐ Yes ☐ No Details:	At Risk of Anaphylaxis: ☐ Yes ☐ No Details:
Asthma: ☐ Yes ☐ No Details:	Allergies/Sensitivities: ☐ Yes ☐ No Details:
Dietary Restrictions/Requirements: ☐ Yes ☐ No Details:	