



Education and Training

# Amaroo School

Katherine Avenue  
Amaroo ACT 2914

Phone: (02) 61421266 Fax: (02) 61421295



## Emergency Contacts (Authorised Nominee)

By completing this form, you give permission for another person to pick up/drop off your child or be contacted for medical support.

Child's Name:

### Emergency Contact 1: (Other than parent/guardian/carer listed previously)

Given name:  Family name:

Street address:

Suburb:  State:  Postcode:

Home Phone:  Mobile Phone:

Work Phone:  Relationship to child/ren:

Is this person authorised to collect the child/ren from preschool? (Please tick)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is this person authorised to consent to medical treatment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is this person someone who is authorised to authorise an educator to take the child outside the education and care service premises?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

### Emergency Contact 2: (Other than parent/guardian/carer listed previously)

Given name:  Family name:

Street address:

Suburb:  State:  Postcode:

Home Phone:  Mobile Phone:

Work Phone:  Relationship to child/ren:

Is this person authorised to collect the child/ren from preschool? (Please tick)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is this person authorised to consent to medical treatment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is this person someone who is authorised to authorise an educator to take the child outside the education and care service premises?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>