|  |
| --- |
| **CHANGE OF PARENT / GUARDIAN INFORMATION FORM.** Version 2 (August 2018) |

|  |
| --- |
| **CHILD’S NAME:** |
| **EDUCATOR’S NAME:** | **DATE:** |

|  |
| --- |
| **DETAILS TO BE CHANGED:** |

|  |  |
| --- | --- |
| **PARENT / GUARDIAN ONE:** | **PARENT / GUARDIAN TWO:** |
| **NAME:** | **NAME:** |
| **ADDRESS:** | **ADDRESS:** |
| **PHONE NUMBERS:** | **PHONE NUMBERS:** |
| **EMAIL:** | **EMAIL:** |
| **EMPLOYER DETAILS:** | **EMPLOYER DETAILS:** |
| **OTHER DETAILS REQUIRED TO BE CHANGED:** |

|  |
| --- |
| EMERGENCY CONTACTS AND AUTHORISATION |
| Contact 1 |
| FIRST NAME | SURNAME | RELATIONSHIP TO CHILD |
|  |  |  |
| ADDRESS: |  |
| POSTCODE: |  | PLACE OF BIRTH |  |
| HOME PHONE |  | WORK NUMBER |  |
| MOBILE NUMBER |  |
| This person has authority to (Please tick all relevant permissions) |
| □ | Collect / Deliver the child to/from the service | □ | Give permission for excursions out of the service |
| □ | Consent to medical treatment for the child | □ | Permit transportation of the child by an ambulance service |
| □ | Request / Permit medication to be given to the child | □ | If the parent / guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving the child. |

**Please ensure that this details form is forwarded to Holistic Approach Family Day Care Scheme office as soon as possible.**