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

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

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| **DETAILS TO BE CHANGED:** |

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| --- | --- |
| **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.**