

Please hand this form to the Director or place it in the fee slot.

Child's given name & family name:

Persons to be notified of an emergency if parents cannot be immediately contacted.

I/We authorise Kate's Place employees to give the following emergency contact names access to my child. (Note: must be over 18 years). Please ensure these emergency contact persons are willing to be contacted in the event of an emergency.

Emergency contact 1	Emergency contact 2
First name:	First name:
Last name:	Last name:
Home Address:	Home Address:
<i>Home phone:</i>	<i>Home phone:</i>
<i>Mobile:</i>	<i>Mobile:</i>
<i>Email:</i>	<i>Email:</i>
<i>Work place name:</i>	<i>Work place name:</i>
<i>Work phone:</i>	<i>Work phone:</i>
<i>Work place address:</i>	<i>Work place address:</i>
<i>Relationship to child:</i>	<i>Relationship to child:</i>

Authorised nominees who are given permission to collect the child.

Do you authorise Emergency Contact 1 to collect your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you authorise Emergency Contact 2 to collect your child? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you wish to authorise another person to collect your child, provide their name, address and contact details here:

Person/s authorised to consent to medical treatment and to authorise administration of medication.

Do you authorise Emergency Contact 1 to consent to medical treatment and to authorise the administration of medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you authorise Emergency Contact 2 to consent to medical treatment and to authorise the administration of medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you wish to authorise another person to consent to medical treatment and to authorise the administration of medication provide their name, address and contact details here:

Person/s authorised to authorise a Kate's Place employee to take your child outside the services premises.

Do you authorise Emergency Contact 1 to authorise a Kate's Place employee to take your child outside the services premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you authorise Emergency Contact 2 to authorise a Kate's Place employee to take your child outside the services premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you wish to authorise another person to authorise an educator to take your child outside the services premises provide their name, address and contact details here:

PERMISSION TO USE CHILD'S PHOTOGRAPHS

I/We, _____ give permission for my child _____ -
identifiable photograph/audio/ audio visual recording to be taken, including their first name and age to
used in:

- other children's portfolios which go home to families in the service the media educators' assignments
 Kate's Place website Kate's Place Facebook page (No name and ages will be displayed)