



UPDATE AUTHORISED CONTACT INFORMATION

Completed forms can be handed in at the Program your child attends or faxed to 1300 238 861 or mailed to Jabiru, Community Annexe, Bracken Street, Bracken Ridge 4017

Child/ren's First Names	
Child/ren's Last Names	
Site Child/ren's Attends	

ADD NEW CONTACT OR UPDATE EXISTING CONTACT INFORMATION

Information is required IN FULL by the Education and Care Service National Regulation 2011
This information may help you avoid late fees incurred if you are not able to pick up your child by close of business.

CONTACT 1		CONTACT 2	
Relationship to child/ren	Eg: Neighbour, Aunt, Uncle, Family Friend, Sibling etc	Relationship to child/ren	Eg: Neighbour, Aunt, Uncle, Family Friend, Sibling etc
First Name		First Name	
Last Name		Last Name	
To add this person as an Authorised contact you MUST provide full address details.		To add this person as an Authorised contact you MUST provide full address details.	
Street Name and Number		Street Name and Number	
Suburb		Suburb	
Post Code		Post Code	
Mobile N^o		Mobile N^o	
Home N^o		Home N^o	
Work N^o		Work N^o	
AUTHORITIES FOR CONTACT 1 INCLUDE		AUTHORITIES FOR CONTACT 2 INCLUDE	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Can drop off and collect child/children	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can drop off and collect child/children
<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact in emergency if you cannot be immediately contacted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact in emergency if you cannot be immediately contacted
<input type="checkbox"/> Yes <input type="checkbox"/> No	Give consent to medical treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Give consent to medical treatment
<input type="checkbox"/> Yes <input type="checkbox"/> No	Authorise administration of medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Authorise administration of medication
<input type="checkbox"/> Yes <input type="checkbox"/> No	Authorise Jabiru Kids staff to take the child outside the Jabiru Kids service	<input type="checkbox"/> Yes <input type="checkbox"/> No	Authorise Jabiru Kids staff to take the child outside the Jabiru Kids service

REMOVE PEOPLE FROM CONTACT LIST

The people listed below **NO LONGER** have authority to collect my child/children from Jabiru Kids Programs.

Remove Contact		Remove Contact	
Relationship to child/ren	Eg: Neighbour, Aunt, Uncle, Family Friend, Sibling etc	Relationship to child/ren	Eg: Neighbour, Aunt, Uncle, Family Friend, Sibling etc
First Name		First Name	
Last Name		Last Name	

CUSTODY INFORMATION

Details of any court orders, parenting orders or parenting plans provided to Jabiru Kids relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child, and other court orders.

First Name	Last Name
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You must supply a Certified Copy of any Order or any other legally enforceable document.

This must be signed by the Primary Account Holder on the enrolment form.

Name: (Print)	Signature:	Date: / /
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