

EMERGENCY CONTACTS

KATH DICKSON FAMILY DAY CARE METROPOLITAN AND EAST COAST SERVICES | 1300 336 345

This document is to be kept confidential and in an accessible area

| Child name: | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Parent name and contact: | |
| Second parent name and contact: | |
| Emergency contact name and number: | |
| Emergency contact name and number: | |
| Known medical conditions or allergies: | Photo of child |
| | |
| Child name: | |
| Parent name and contact: | - |
| Second parent name and contact: | |
| Emergency contact name and number: | |
| Emergency contact name and number: | |
| Known medical conditions or allergies: | Photo of child |
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| Child name: | |
| Child name: Parent name and contact: | |
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| Parent name and contact: | |
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Emergency Contacts V2.1023

| Child name: | |
|------------------------------------------|----------------|
| Parent name and contact: | |
| Second parent name and contact: | |
| Emergency contact name and number: | |
| Emergency contact name and number: | |
| Known medical conditions or allergies: | Photo of child |
| Child name: | |
| Parent name and contact: | |
| Second parent name and contact: | |
| Emergency contact name and number: | |
| Known medical conditions or allergies: | |
| Tallowit integral contained of unergies. | Photo of child |
| Child name: | |
| Child hame: | |
| Parent name and contact: | |
| Second parent name and contact: | |
| Emergency contact name and number: | |
| Emergency contact name and number: | |
| Known medical conditions or allergies: | Photo of child |

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