



FAMILY EMERGENCY CONTACTS

CHILD/REN'S NAME: _____

NOTES: This form is designed to be completed by the Educator using information from the Child Enrolment Form.
To be placed in your car when going on excursions according to children in care. (FDC only)

PARENT/GUARDIAN 1

First Name:		Surname:	
Home☎:	Mobile☎:	Work☎:	

PARENT/GUARDIAN 2

First Name:		Surname:	
Home☎:	Mobile☎:	Work☎:	

CHILD'S MEDICAL DETAILS

Medical Practitioner Name:	Tel☎:
Address:	

EMERGENCY SERVICES

LOCAL HOSPITAL:	Tel☎:
AMBULANCE:	Tel☎:
POLICE:	Tel☎:
FIRE:	Tel☎:
POISONS INFORMATION:	Tel☎: 13 11 26

AUTHORISED EMERGENCY CONTACT PERSON(S) TO COLLECT CHILD

First Name:		Surname:	
Relationship to child/ren:			
Home☎:	Mobile☎:	Work☎:	

First Name:		Surname:	
Relationship to child/ren:			
Home☎:	Mobile☎:	Work☎:	

AUTHORISED CONTACT PERSON(S) TO COLLECT CHILD

First Name:		Surname:	
Relationship to child/ren:			
Home☎:	Mobile☎:	Work☎:	

First Name:		Surname:	
Relationship to child/ren:			
Home☎:	Mobile☎:	Work☎:	

YMCA Family Resource Centre
PO Box 1201, Busselton WA 6280
Telephone (08) 9752 4033
Email bsnfrc.fdc@ymcawa.org.au