# KIDZONE FAMILY DAY CARE

## Emergency Information Update

The following information is intended as a 'first draft' example. Please read the information first, make amendments if necessary and ensure it aligns with your own services practices.

**Quality Area 2:** Children's health and safety
**Standard 2.1:** Each child's health is promoted.
**Standard 2.2:** Healthy eating and physical activity are embedded in the program for children.
**Standard 2.3:** Each child is protected.

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Date: ___ / ___ / 20 ___

Name of child: _____

Birthdate: Day _____ Month _____Year _____

Custody: _____

**Legal Guardian**: _____

**Mother's Name**: _____

Address: _____

Home Telephone: _____ Mobile: _____

Work Telephone: _____ Employer: _____

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**Father's Name**: _____

Address: _____

Home Telephone: _____ Mobile: _____

Work Telephone: _____ Employer: _____

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**Partner's Name**: _____

Address: _____

Home Telephone: _____ Mobile: _____

Work Telephone: _____ Employer: _____

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Authority to call an Ambulance: **Yes/No** _____

**Doctors Name**: _____ Contact **Yes/No**: _____

Telephone: _____

Doctors Address: _____

**Dentists Name**: _____Contact **Yes/No**: _____

Telephone: _____

Special Comments:

_____

_____

Religious requirements in case of accident: _____

_____

Asthma: _____

Allergies: _____

Major Illness: _____

Medicare No: _____ Private Health Care Particulars: _____

_____

**EMERGENCY INFORMATION**

Contact Name: _____ Relationship to child: _____

Home Telephone: _____Work Telephone: _____

Mobile: _____

Call in case of emergency **Yes/No**: _____Daily Pick up **Yes/No**: _____

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Contact Name: _____ Relationship to child: _____

Home Telephone: _____Work Telephone: _____

Mobile: _____

Call in case of emergency **Yes/No**: _____Daily Pick up **Yes/No**: _____

Contact Name: _____ Relationship to child: _____

Home Telephone: _____Work Telephone: _____

Mobile: _____

Call in case of emergency **Yes/No**: _____Daily Pick up **Yes/No**: _____

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**Reason for Emergency**: _____

_____

_____

Signature: _____Date: ___ / ___ / 20 ___ Time: _____

**Action Taken**: _____

_____

_____

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