#

This form should be completed by a parent when the details provided on the *Child’s Confidential Record* change. If assistance is required please contact your educator or the City of Casey on 9705 5200

# 1. Information about the child

Given name/s: Family name:

Child’s home address:

Suburb: State: Postcode:

# 2. Change of contact details for parent/s or person with authority

# Parent 1

Given name/s: Family name:

Relationship to child: □ Mother □ Father □ Other:

Does the child live with this parent? □ Yes □ No Address same as child: □ Yes or:

Address:

Suburb: State: Postcode:

Name and location of work / study place:

Hours of work/study: □ Full time □ Part Time □ Casual

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone:

Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address:

# Parent 2

Given name: Family name:

Relationship to child: □ Mother □ Father □ Other:

Does the child live with this parent? □ Yes □ No Address same as child: □ Yes or:

Address:

Suburb: State: Postcode:

Name and location of work/study place:

Hours of work/study: □ Full time □ Part Time □ Casual

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone:

Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address:

# 3. Change of circumstances relating to Court orders, parenting plans relating to the child

1. Are there any changes □ No □ Yes, please attach evidence

# 4. Changes to Authorisations: (details of people you authorise as contacts for the child other than those listed as parents in section two)

You cannot authorise a City of Casey Family Day Care Educator if you are paying them for your child’s care while your child is also attending kindergarten.

Only include people who are over 16 years of age and who are not already listed as parents

**Please indicate the changes you wish to make to the authorities you provided on the *Child’s Confidential Record***

□ add a new authorised person (list below)

□ remove an authorised person previously listed Name:

□ replace all previously listed authorised persons with person listed below

# Contact 1

Given name/s: Family name:

Address:

Suburb: State: Postcode:

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone:

Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child:

**Please tick the box/es below to confirm the level of authorisation you give to this person**

□ Authorised to collect (Authorised Nominee)

□ Authorise to be notified of an emergency involving the child if any parent cannot be contacted

□ Authorised to consent to medical treatment

□ Authorised to consent to administration of medication

□ May authorise an educator to take the child outside the service on excursions/regular outings

□ May authorise an educator to take the child outside the service premises

# Contact 2

Given name/s: Family name:

Address:

Suburb: State: Postcode:

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone:

Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child:

**Please tick the box/es below to confirm the level of authorisation you give to this person**

□ Authorised to collect (Authorised Nominee)

□ Authorise to be notified of an emergency involving the child if any parent cannot be contacted

□ Authorised to consent to medical treatment

□ Authorised to consent to administration of medication

□ May authorise an educator to take the child outside the service on excursions/regular outings

□ May authorise an educator to take the child outside the service premises

# Changes to the child’s specific medical conditions

Has the child been diagnosed with any of the following medical conditions?

Anaphylaxis □ Yes □ No Epilepsy □ Yes □ No
Diabetes □ Yes □ No Asthma □ Yes □ No
Allergies □ Yes □ No Other medical □ Yes □ No

If yes, please provide a Management Plan (available from a medical practitioner) that has been completed by the medical practitioner and contact your educator to complete a City of Casey Risk Minimisation & Communication Plan before returning your child to care.

Does your child have any new dietary restrictions? □ Yes □ No

If yes, please complete a dietary restrictions form.

Parent name: Date \_\_\_ /\_\_\_ /\_\_\_

Parent signature: Date \_\_\_ /\_\_\_ /\_\_\_

**Privacy Statement**

City of Casey is committed to protecting your privacy. Your personal information will be handled in accordance with the Privacy and Data Protection Act 2014. All personal information collected by the City of Casey will only be used for the purposes outlined within our Privacy Policy. Council’s Privacy Policy is available from our website [www.casey.vic.gov.au/council/your-council/privacy](https://www.casey.vic.gov.au/council/your-council/privacy) and all Council Customer Service Centres . For further Information about how Council manages and uses your personal information or how you can access and/or amend your personal information please contact Council’s Privacy Officers via our website [www.casey.vic.gov.au/council/contact/feedback-form](https://www.casey.vic.gov.au/council/contact/feedback-form) or by calling on 9705 5200

