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CLIENT INFORMATION And AUTHORISATION FORM

Client's Name: _____ Phone: _____

Childrens

Names and Ages: _____

Please Indicate your permission for your Carer by circling YES OR NO:

Seek immediate medical or dental treatment from any available doctor, dentist,
hospital or ambulance service, in the event of a medical emergency

yes no

Place child in car and remove from premises in case of emergency

yes no

Administer basic medication to any person under care (must fill out Medication Form)

yes no

Allow your child to participate in water based activities including but not
limited to swimming in any pool

yes no

Take child on excursion or outing including but not limited to bush walking, park
(please specify)

yes no

PLEASE RECORD BELOW ANY ALLERGIES, PROHIBITED FOODS OR SPECIAL NEEDS FOR EACH CHILD IN CARE .