



Armidale & District Family Day Care Ltd

95 Faulkner St (P.O. Box 951)

Armidale NSW 2350

Ph: 02 6772 5300

Email: afdc@optusnet.com.au

ABN: 67 003 119 775

Relief Care Information/ Contract

Parent's name: _____ Mobile _____

Child's Name: _____

Regularly in care with: _____

Emergency Contact

Name: _____ Phone: _____

Authorised Pickup

Name: _____ Phone: _____

Name: _____ Phone: _____

Doctor

Name: _____ Phone: _____

Medicare Number: _ _ _ - _ _ _ - _ _

Customer Reference Number _ _ - _ _ - _ _ _

ID Number _ - _ _ _ _

Known Allergies: _____

Copy of Action Plan for Anaphylaxis or Asthma must be provided

Medication: _____

Medication Authorisation must be completed

Dietary Requirements/

Preferences: _____

Dates care required: _____

Details of Care required

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
Until							

I agree to pay the Relief Educator (name): _____

for the agreed Relief/Emergency care services provided. I also acknowledge that 24 hours notice needs to be given when the Relief/Emergency care is not required. If 24 hours notice is not given I understand that I will be charged the full fee for that day's care.

Parent's signature: _____ Date: _____

Educator's Signature: _____ Date: _____