



## Armidale & District Family Day Care Ltd

95 Faulkner St (P.O. Box 951)

Armidale NSW 2350

Ph: 02 6772 5300

Email: [admin@afdc.org.au](mailto:admin@afdc.org.au)

ABN: 67 003 119 775

### Relief Care Information

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: \_\_\_\_\_