

## OSHC Change of Details Form



***Parents/Guardians are required to complete this form when any of the original details given to us at the time of enrolment have changed.***

Parent/Guardians Name: \_\_\_\_\_

Names of Children in Care: \_\_\_\_\_

### ***Change of Contact Details (Please tick and Provide your new contact details):***

Address: \_\_\_\_\_

Phone Number/s: \_\_\_\_\_

### ***Emergency Contact Details (Please tick and provide more information):***

New Emergency contact/ Authorized Pick up Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Remove Person as Emergency Contact/ Authorized Pick up person: \_\_\_\_\_

### ***Change of Employment Details (Please tick and provide new information):***

Parent/Guardian Name: \_\_\_\_\_

Changed Employers: \_\_\_\_\_

Commenced Employment: \_\_\_\_\_

No Longer Employed

### ***Change of Authorized Pick up People (Please tick and provide details):***

New Authorized Pick up Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Remove Person as Authorized Pick up: \_\_\_\_\_

***Change in Custodial Agreements (Please provide details and attach Court Orders if applicable):***

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***Newly Diagnosed Medical Conditions (please include details eg: Allergies, Behavioral conditions etc):***

Childs Name: \_\_\_\_\_

Details of Medical Condition: \_\_\_\_\_

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Childs Name: \_\_\_\_\_

Details of Medical Condition: \_\_\_\_\_

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Childs Name: \_\_\_\_\_

Details of Medical Condition: \_\_\_\_\_

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***Thank you. Please return this form to Administration at your earliest convenience.***