

Out of School Hours Care – Enrolment Form

This information is confidential and will be available only to supervising staff.

Family Name	Family Name	Family Name
Child's Name <i>Preferred Name</i>	Child's Name <i>Preferred Name</i>	Child's Name <i>Preferred Name</i>
Address	Address	Address
Birth Date Sex: M / F	Birth Date Sex: M / F	Birth Date Sex: M / F
CRN	CRN	CRN
School	School	School
Room Number/ Class Teacher	Room Number/ Class Teacher	Room Number/ Class Teacher

***Parent/ Guardian Information** (This will be used to contact you in an emergency)

Parent/Guardian Name	Parent/Guardian Name
Sex: M/F	Sex: M/F
Address	Address
Home Phone	Home Phone
Work Address	Work Address
Wk Phone.	Wk Phone.
Mobile	Mobile
Email address	Email address
I am claiming Childcare Benefit at other Approved Childcare service/s, which includes LDC, OSHC, FDC, IHC, OCC for this number of children YES / NO Total number of children (including all services):	

***Emergency Contacts** (If parent/guardian can not be contacted, they will be notified and authorised to collect the child if necessary.
 Please also include any other authorised person/s to collect your child/children in special arrangements such as social/sporting events)

1. Name	2. Name	3. Name
Sex: M/F	Sex: M/F	Sex: M/F
Phone	Phone	Phone
Mobile	Mobile	Mobile
Relationship to the child	Relationship to the child	Relationship to the child

Are there any parenting plans or orders that relate to your child/ren?	<input type="checkbox"/> YES (Please provide details on page 5) <input type="checkbox"/> NO	
Does your child identify as Aboriginal, Torres Strait Islander or South Sea Islander?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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Account Information

Account Holder's Name:	Birth date:	All accounts are updated and emailed weekly.
CRN:	Email address:	

Consent

I _____
(Print Full Name)

I give permission for my child/ren to participate in the OSHC program and understand that OSHC staff will notify parents/guardians of each individual excursion.

I understand it is my responsibility to advise staff if I do not wish my child/ren to participate in a particular activity.

I give permission for OSHC staff to exchange information relating to my child with school staff and to the appropriate person(s).

I understand that OSHC staff requires written permission, for my child/ren to travel alone, to and from the OSHC service. I am aware that the Director/Qualified staff will sign my child/ren in and out of the service and the arrival and departure times will be noted.

I consent to photographs (still or video) being taken of my child/children as part of the OSHC program and to be displayed around the OSHC site on display boards and in newsletters.

I consent to my child's work being published in an OSHC newsletter and displayed in the OSHC area.

I consent to my child watching appropriate PG movies which may be viewed on occasion at the OSHC centre or on a programmed excursion.

The OSHC program has a Behaviour Management Policy in place where the main feature is to recognise and support positive behaviours – I understand that it is my responsibility as a parent/guardian to inform the OSHC staff of the child's behaviour needs.
(A copy of the behaviour management process is available in the OSHC Policy Folder)

I give permission for OSHC staff to check my child/ren head for head lice. If there is a possibility of head lice I understand any checks will be conducted sensitively and I will be notified if there are any concerns.

I understand that I will need to collect my child/ren, if OSHC staffs believe my child has head lice, or any other health concerns.

I understand that I may have to provide a letter from a general practitioner to say my child/ren are free from head lice or any other form of contagious viruses/diseases.

I understand that it is my responsibility to arrange collection of my child from OSHC, as soon as possible, when notified.

In the event of a medical emergency, OSHC will call an ambulance, in line with standard first aid training. I understand that I am responsible for the cost associated with medical care, ambulance and hospital costs.

OSHC follows the guidelines of the Cancer-CouncilSA that recommend that children be sun smart and wear hats and sunscreen while outside. I understand that if my child does not have a hat he/she will spend playtime in a shaded area. Sun block is also used in accordance with OSHC policies and procedures (can be located in the OSHC policy folder).

I agree to pay the required fees for my child/children booked in to care at this OSHC.

I agree to pay any further costs incurred, due to the non payment of OSHC fees and understand I may be sent to debt collectors if I haven't made a payment within 50 days.

In the case of an emergency, do you consent to a blood transfusion: Yes No

I have read the OSHC 'information for parents' and 'consents' and agree to comply with the OSHC service policies and procedures outlines. It is the parent's responsibility to inform the OSHC staff of any relevant and useful information that is in relation to the child or the family. This allows the OSHC staff to provide informed quality care for your child/children at Out of School Hours Care

Parent/Guardian signed _____ Date: / /

Medical and Health information

(One form per child, more are available at your request. Please speak to an OSHC staff).

Child's Name: _____	Date of Birth: _____
Medical Alert Number (if relevant) _____	

Health Support

Does your child have a health care need that could affect their safety at Out of School Hours Care?

- NO**
 YES If YES, please tick the boxes below that show your child's health care needs

Asthma		Incontinence	
Is your child under a health care plan for Asthma?		Joint Disorder (e.g. Arthritis)	
Epilepsy		Ear Disorder (e.g. drainage tubes)	
Heart Disorder		Hearing Impairment	
Vision Impairment		Communication difficulties	
Seizures/ convulsions		Skin condition (e.g. dermatitis)	
Allergies (e.g. Bees, peanuts, dairy)		Swallowing/ choking difficulties	
Diabetes		Other (please give details)	

Health Care Plan

Out of School Hours Care staff must be provided with a written health care plan from your child's doctor/ treating health professional to plan for any special health needs. Have you attached the health care information from a doctor/treating health professional?

- If No, staff will provide standard supervision for safety and first aid
 If YES, write down what you have attached (e.g. asthma care plan; details about ear care)

Medication

Does your child have any routine health care needs (e.g. medication)?

- No
 YES, please attach a **medication plan** from your doctor or treating health care professional.

Doctors Name: _____ Clinic Name: _____

Address: _____ Phone Number: _____

Are there any special dietary requirements relating to your child?

- No
 YES, please attach a **modified food plan** from your doctor or treating health care professional.

Does your child need special aids or equipment? (e.g. glasses, hearing aids, callipers)

- No
 YES, please give details

1. All medication must be supplied in the original container with the pharmacy label and the child's name clearly marked on the container.
2. I give permission for my child's medication to be administered by an OSHC staff YES/ NO
3. I give permission for my child, to self-administer their medication (Must be 8 years of age or older) YES/ NO
Is there any other information about your child that will help the staff support their time at OSHC? _____

Parent/Guardian/ Approved persons Signature _____ Date _____

Court Orders Relating to the Child/children

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?

- No
- YES, please complete the following steps:

1. Bring the court order/s for staff to cite and a copy to attach to this enrolment form:
2. A) If these orders affect the powers of a parent or guardian of the child to:
 - Authorise the taking of the child outside the service by a staff member of the service;
 - Consent to the medical treatment of the child;
 - Request or permit the administration of medication to the child;
 - Collect the child;
- B) Give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers _____

Privacy Act

I understand the information provided on this Enrolment/ Medical Form:

- Is collected for the purpose of registration, program planning, preparing statistic, reporting and evaluation.
- May be disclosed to and used for the purposes by Commonwealth and State Government departments and their agencies.
- May otherwise be disclosed without consent where authorised or required by law.

Parent/Guardian signed _____ Date: / /

OSHC Staff to complete

I _____ position _____ have signed and processed the enrolment form and all relevant health and medical forms.

Sign _____ Date / /