

2. Last Name:		First Name:	
Relationship to child		Address	
Mobile		Phone H / W	
Yes / No	I authorise the above person to drop off and collect my child on my behalf		
Yes / No	I authorise the above person to consent to medical treatment and/or to authorise administration of medication to the child on my behalf		
Yes / No	I authorise the above person to authorise an educator to take the child outside the education and care service premises		
Yes / No	I authorise the educators to contact the above person in case of an emergency		

3. Last Name:		First Name:	
Relationship to child		Address	
Mobile		Phone H / W	
Yes / No	I authorise the above person to drop off and collect my child on my behalf		
Yes / No	I authorise the above person to consent to medical treatment and/or to authorise administration of medication to the child on my behalf		
Yes / No	I authorise the above person to authorise an educator to take the child outside the education and care service premises		
Yes / No	I authorise the educators to contact the above person in case of an emergency		

PARENTING PLANS / ORDERS RELATING TO THIS CHILD/REN

YES / NO

***** Please notify us of any custody issues and supply us with a copy of any court orders.**

It is the parent's responsibility to inform the OSHC staff of any relevant and useful information in relation to the child or the family. This allows the OSHC staff to provide informed quality care for your child/children. ***

ADDITIONAL COMMENTS

Any personal, religious or cultural practices that you would like the service to know about?
Are there any activities that should be avoided?
What are your hopes, dreams and goals for your child?
How can we assist in this?
Comments on Homework, Behaviour guidance etc.

PARTICIPATION

YES / NO	Do you give permission for your child to participate in celebrations or events such as birthdays, Christmas and Easter?
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PHOTOGRAPHS / PUBLICITY

YES / NO	I give permission for my child's name and or photo to be used for the centre displays and development profiles.
YES / NO	I give permission for my child's name and or photo to be used for the centres promotional events, including media.
YES / NO	I would like to hide my child's name in group posts from other guardians.

HEALTH & DIET DETAILS:

Child's Name: _____

SUNSMART

Authority for staff to administer sunscreen provided by the service.	
YES / NO	I give permission for the staff at the service to assist with application, as appropriate, SPF 30+ broad spectrum, water resistant sunscreen to all exposed body parts of my child.
YES / NO	My child is sensitive to some sunscreens. I will provide the centre with a suitable sunscreen for my child

ALLERGIES/SENSITIVITIES/OR ANYOTHER MEDICAL CONDITIONS

YES / NO	Does your child have any Allergies/ Sensitivities/ or any other medical condition? Eg. Epilepsy, diabetes, dental etc that is relevant to the care of child
If YES, please give details of allergies, including a HEALTH CARE PLAN (to be attached separately) signed by your medical practitioner if MEDICATION is required to be administered in an emergency.	
Condition:	
Expected Reaction/details:	
If requiring medication, a "Medication Authority" form is to be completed before the enrolment can be processed.	

ASTHMA

YES / NO	Has your child been diagnosed with ASTHMA?
YES / NO	Has the Asthma medical management plan signed by a Medical Practioner been provided to the service?
YES / NO	Has a risk Management plan been completed by the service in conjunction with the parent?
If YES, please give details:	

RELEVANT MEDICAL / HEALTH CONDITIONS OR ADDITIONAL NEEDS

YES / NO	Does child have any additional needs including intellectual, sensory or physical impairment or any special needs?
YES / NO	Is the child attending and/or receiving any support services for their additional needs?
If YES, please give details:	

DIETARY NEEDS

YES / NO	Does child have any dietary restrictions or any special needs not related to allergies?
If YES, please give details and attach Plan to this enrolment:	

DENTAL NEEDS / REQUIREMENTS

YES / NO	Does child have any Dental needs or requirements?
If YES, please give details:	

DISABILITY / SPECIAL NEEDS

YES / NO	Does child have any Disability or Special Needs?
If YES, please give details	

CHILD'S HEALTH, MEDICAL AND IMMUNISATION INFORMATION

YES / NO	Are your child's immunisations up-to-date?
Doctor's Name:	Private Health Insurance:
Doctor's Address:	Membership Number:
Phone No:	Medicare Number:
Medic Alert No:	

CONSENTS:

Please initial next to each item to which you consent.

I consent for OSHC staff to exchange information relating to my child with school staff and to the appropriate persons (eg. In case of an emergency / additional need)

I consent for my child/ren to be photographed (still or video) as part of the OSHC program and to be displayed around the OSHC site on display boards, school newsletters and in the OSHC room. I consent to my child's work being published in circumstances the Director deems to be appropriate.

I consent for OSHC staff to check my child's hair for head lice, if there is a possibility of head lice. I understand any checks will be conducted sensitively.

OSHC follows the guidelines of the Cancer-Council SA that recommend that children be sun smart and wear hats while outside. I understand that if my child does not have a hat he/she will spend playtime in a shaded area. Sunblock is provided by OSHC and applied in accordance with the OSHC Policies and procedures. (see OSHC policy folder). Please provide sunscreen for your child/ren if they are sensitive to our Sunscreen and require a particular brand.

Agreements

I agree to pay the required fees for my child's booked care for OSHC on a fortnightly basis and am willing to adhere to the Child Care Centre's fee agreement as per the Fee Management Policy.

I understand that administration of medication requires a separate Medical Authority Form.

I agree that OSHC staff may administer simple first aid to my child if the need arises.

I understand that in the event of a medical emergency, OSHC staff 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 cost.

I understand the information provided on this enrolment/medical form:

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

I certify that the information entered upon this form is true and correct to the best of my knowledge and undertake to inform the Service if any of these details change.

I authorise the Centre Staff to initiate the online enrolment process on my behalf using the information provided in this enrolment form. I understand that I am required to maintain up to date details on "KidsXap".

I, a person with lawful authority of the child referred to in this enrolment form, have read, understood, agree and comply with the policies and procedures of North Adelaide Primary School OSHC, provided by the centre staff in person or otherwise.

Parent/Guardian Name

Parent/Guardian signature Date / /

Interviewed / Accepted by OSHC Director.....Date / /

Updated September 2018