

1. DETAILS OF PARENT/GUARDIAN

Relation to the child.....

Name.....

Address.....

.....

Telephone (Home).....

 (Work).....

 (Mobile).....

Email.....

Date of Birth.....

CRN Number.....

Employer.....

Occupation.....

Languages spoken.....

Cultural background

Does the child live with this parent/guardian?

YES NO

2. DETAILS OF PARENT/GUARDIAN

Relation to the child.....

Name.....

Address.....

.....

Telephone (Home).....

 (Work).....

 (Mobile).....

Email.....

Date of Birth.....

CRN Number.....

Employer.....

Occupation.....

Languages spoken.....

Cultural background

Does the child live with this parent/guardian?

YES NO

Name of Parent/Guardian registered to claim CCB.

Please call Centrelink on **13 61 50** if you haven't registered to link your **CCB/CCR** to the program.

OTHER RESIDENCY ARRANGEMENTS (Please give details) Telephone (Home).....
(Work).....
Name..... (Mobile).....
Address.....
.....

CUSTODY DETAILS

Are there special access/custody arrangements? YES / NO (please circle)

If yes, please give details.....
.....
.....

If a court order exists please provide this information to the Coordinator.

1. Bring the original court order/s for staff to sight and a copy to attach to the enrolment form

2. If these orders;

a. Change the powers of a parent/guardian 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

AND/OR

b. Give these powers to someone else,

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

.....
.....

TICK THE DAYS YOUR CHILD WILL BE ATTENDING THE SERVICE

PERMANENT BOOKINGS (All permanent bookings must be paid for)

BEFORE CARE

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

AFTER CARE

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

CASUAL/EMERGENCY CARE (Additional fees will be incurred)

Please tick if you will require casual care only

MEDICAL INFORMATION

How would you describe your child's health?

.....

Does your child have any special needs? Yes / No (please circle)

If yes please provide details of any special needs and any management procedure to be followed with respect to the special need.

.....

.....

.....

.....

Does your child have a developmental delay of disability including intellectual, sensory or physical impairment?
Yes / No

If yes please provide with the program with the information required for your child

Does your child have any special consideration due to any cultural, religious or dietary requirements or additional needs? Yes / No

If yes, please provide details of information required for your child.....

.....

Does your child have any dietary restrictions? YES / NO (please circle)

If yes, please provide details.....

Does your child have Asthma? YES / NO (please circle)

If yes, in order to proceed with this enrolment a current action plan is required, signed, stamped and dated by a G.P.

Anaphylaxis / Allergies? YES / NO (please circle)

If yes, what causes the allergy?

Has your child been diagnosed at risk of anaphylaxis? YES/ NO (please circle)

Does your child have an auto injection device? (eg. EpiPen) YES / NO

If yes, in order to proceed with this enrolment a current action plan is required, signed, stamped and dated by a G.P.

Does your child have any other medical condition? YES / NO (please circle)

If yes, please provide details.....

.....

Has your child been immunised? YES / NO (please circle)

If yes, provide the details by attaching the Immunisation Record printout from local government or attaching the Child History Statement from the Australian Childhood Register.

Doctor's Name.....Phone.....

Name of Practice.....

Address.....

Medicare Number.....

Do you have Private Medical Insurance?

Do you subscribe to an Ambulance Service? YES / NO (please circle)

If yes, please state the Ambulance Subscription Number and Category

.....

Permission to use:

Sunscreen: yes / no Zinc cream: yes / no Hair spray: yes / no

Face paint: yes / no Photo's display at OSHC: yes / no

Permission to watch PG movies: yes / no

Other information:

Is there any other information we should know about your child? Likes, dislikes, favourite activities, cultural information etc.

.....
.....
.....

EMERGENCY CONTACTS / AUTHORISED NOMINEES

Contact 1

Name:

Address.....

Phone Numbers.....

Relationship to the child:

I, _____ give permission for the above contact to be noted:

As an authorised nominee (collect my child): YES / NO (please circle)

To authorise consent to medical treatment or administration of medication: YES / NO (please circle)

To authorise an educator to take my child out of the service, ie excursion: YES / NO (please circle)

Contact 2

Name:

Address.....

Phone Numbers.....

Relationship to the child:

I, _____ give permission for the above contact to be noted:

As an authorised nominee (collect my child): YES / NO (please circle)

To authorise consent to medical treatment or administration of medication: YES / NO (please circle)

To authorise an educator to take my child out of the service, ie excursion: YES / NO (please circle)

Contact 3

Name:

Address.....

Phone Numbers.....

Relationship to the child:

I, _____ give permission for the above contact to be noted:

As an authorised nominee (collect my child): YES / NO (please circle)

To authorise consent to medical treatment or administration of medication: YES / NO (please circle)

To authorise an educator to take my child out of the service, ie excursion: YES / NO (please circle)

Contact 4

Name:

Address.....

Phone Numbers.....

Relationship to the child:

I, _____ give permission for the above contact to be noted:

As an authorised nominee (collect my child): YES / NO (please circle)

To authorise consent to medical treatment or administration of medication: YES / NO (please circle)

To authorise an educator to take my child out of the service, ie excursion: YES / NO (please circle)

DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

I/We (Print full name/s)

Person/s with lawful authority of the child referred to in this enrolment form,

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the OSHC service in the event of any change to this information
- Agree to collect or make arrangement for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service
- Consent to the staff of the OSHC service seeking medical treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency medical treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by the OSHC service
- Undertake to inform the staff of any absence of my child from the service
- Accept full responsibility for my child's belongings whilst attending the service

Signed.....

PHOTOGRAPHIC CONSENT

I give permission for my child to be photographed by staff members; I understand that these photos are for the service use only and may be used for promotional material for the service.

YES NO (Please circle)

I give permission for my child to be photographed and/or videotaped in the event of media reportage.

YES NO (Please circle)

SUNSCREEN CONSENT

I give permission for my child to have a 30+ sunscreen applied as per the service's Sun Smart Policy.

YES NO (Please circle)

POLICY AND PHILOSOPHY STATEMENT

I agree to abide by all policy and philosophy guidelines of the service.

YES / NO (Please circle)

PARENT/GUARDIAN SIGNATURE/S.....

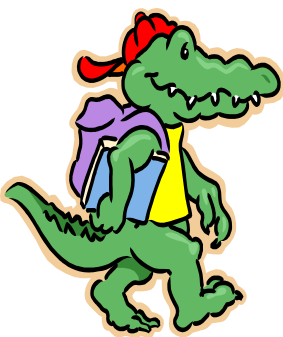
.....

DATE

PRIVACY NOTIFICATION

The (Service Name) uses the enrolment form to collect personal information for the purposes of service enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct information on request, by contacting the service coordinator.

Ballan Outside School Hours Care



RISK IDENTIFIED AND PERMISSION FORM

Trike, Bike and Scooter Riding

IMPORTANT NOTE TO PARENTS:

In order to make an informed decision in relation to your child participating in this activity, please read the information below detailing the activity and risks involved and sign the parental consent.

Trike, Bike and Scooter riding is a fun experience; however it is a sport which may encounter injuries. To reduce possible injuries, children will be guided and supported within the designated area on the bike track, following the rules and watching out for other riders as demonstrated by the staff. All children attending this activity will need to be wearing appropriate footwear and a helmet.

<u>ACTIVITY</u>	<u>RISK</u>	<u>RISK LEVEL (LOW/HIGH OR MEDIUM)</u>	<u>RISK MANAGEMENT</u>
Riding Trikes, Bikes & Scooters	Injury to rider/non rider control	low	All riders are to follow the rules of riding at all times. Each child has to wear appropriate footwear and a helmet.
Location-Bike Track	Injury from debris	Low	The location will be inspected and all potential debris removed before riders enter the bike track.
Injury to rider/non rider	Injuries/Awkward landings	Low	All OSHC Educators are First Aid trained and will provide First Aid and supervision during the activity

Parent/Guardian Consent:

- I have read all the information contained in this form in relation to the activity.
- I give consent for my child to participate in the activity detailed above.
- In the event of an accident or illness, I authorise OSHC Educators to obtain or administer any medical assistance or treatment my child may reasonably require. Parents will be notified immediately.

Additional medical records:

Ballan OSHC collects medical information about your child on enrolment. This information is stored in OSHC records. Please contact the Co-ordinator and give full details of any new or changing conditions (medical, physical or management) which may affect your child's full participation in the activity described.

By accepting this activity I acknowledge that I have read the terms and conditions section and have been fully informed, and accept the risk assessment and risk management in this activity.

I give permission for my child _____ to participate in the above activities.

Parent/Guardian Name _____ Parent/Guardian Signature _____