



Payne Rd State School Outside School Hours Care Child Enrolment Form

PLEASE COMPLETE A SEPARATE ENROLMENT FORM FOR EACH CHILD

1. CHILD DETAILS

CHILD'S FULL NAME: _____

HOME ADDRESS: _____

DOB: _____ MALE FEMALE DISABILITY: _____

CHILD'S CENTRELINK REFERENCE NUMBER (CRN): _____

2. HEALTH/MEDICAL DETAILS

Does your child have any medical conditions? NO YES

If yes, please provide details: _____

Does your child require regular medication? NO YES

If staff will be required to administer medication, a separate medication authority form is to be completed by the parent/guardian. All medication is to be provided in the original packaging with the child's name and dosage.

Does your child have any allergies OR intolerances? NO YES (If yes, please provide details below)

Please provide details of any allergy/intolerance management plans relating to your child

If yes, what is the level of threat? MILD SEVERE ANAPHYLAXIS

If anaphylaxis, the action plan relating to your child MUST be provided

Does your child experience asthma? NO YES (If yes, indicate severity) MILD SEVERE

Please provide details of any asthma management plans and action plans relating to your child

Is your child's immunisation status up to date?

Hepatitis B	<input type="checkbox"/> NO <input type="checkbox"/> YES	Hib	<input type="checkbox"/> NO <input type="checkbox"/> YES
Measles/Mumps/Rubella	<input type="checkbox"/> NO <input type="checkbox"/> YES	Pneumococcal	<input type="checkbox"/> NO <input type="checkbox"/> YES
Whooping Cough	<input type="checkbox"/> NO <input type="checkbox"/> YES	Rotavirus	<input type="checkbox"/> NO <input type="checkbox"/> YES
Diphtheria, tetanus and pertussis	<input type="checkbox"/> NO <input type="checkbox"/> YES	Meningococcal C	<input type="checkbox"/> NO <input type="checkbox"/> YES
Polio	<input type="checkbox"/> NO <input type="checkbox"/> YES	Varicella	<input type="checkbox"/> NO <input type="checkbox"/> YES

If your child's immunisation status is not up to date, your eligibility to receive Child Care Benefit may be affected

Does your child have any specific dietary requirements? NO YES _____

3. BEHAVIOUR INFORMATION

Does your child have a Positive Behaviour Support Plan? NO YES

Are there any particular behaviours that staff should be aware of? NO YES _____

Are there any identifiable triggers to the behaviour? NO YES _____

Please provide a copy of any Positive Behaviour Support plans relating to your child

4. ADDITIONAL INFORMATION

Is your child of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander Yes, Aboriginal and Torres Strait

Primary Language: English Other (please specify) _____

Do you require a translator? Yes No

Does your child have any religious/cultural needs? NO YES _____

Does your child have any dislikes, fears or phobias? NO YES _____

Does your child have any special interests or talents? NO YES _____

5. PERMISSION & AGREEMENT DETAILS

HEALTH AND SAFETY

NO YES I give permission for OSHC staff to assist my child to apply a SPF 30+ sunscreen prior to outdoor activities.

NO YES I give permission for staff to apply plaster strips to my child if necessary.

NO YES I give permission for my child to take their shoes off whilst at the Service.

NO YES I give permission for OSHC educators to administer a single dose of paracetamol if my child is suffering from pain or fever.

NO YES I give permission for an OSHC Educator to be authorised to sign my child in or out of Payne Rd OSHC service. I understand that I MUST verify (by signature) the attendance record signed by OSHC Educators on a weekly basis.

NO YES I agree to keep my/our child/ren from attending the program should he/she be suffering from any infectious or contagious disease as recognised by the National Health and Medical Research Council.

NO YES I understand that should my child's behaviour be unable to be supported by staff, that I will be contacted and asked to collect my child.

ACTIVITIES

NO YES I hereby give permission for my child to participate in all activities offered by the service. I understand that the nature of the activities will include, but is not limited to, centre based activities/community outings/meal times and that risk may arise during these activities. I understand that I will receive a separate permission form for any excursions.

AUTHORISATION TO OBTAIN MEDICAL ATTENTION

NO YES I authorise the Educator on duty to provide first aid and/or seek medical attention for my child/ren if necessary.

NO YES I understand in case of a medical emergency, every effort will be made to contact parents/carers or authorised persons prior to taking action to seek medical treatment.

NO YES I agree that in the event of my child requiring urgent medical attention, I authorise the service's staff to obtain medical assistance at a suitable medical facility, and I accept responsibility for payment of all expenses associated with such treatment.

Parent / Guardian Name: _____ Signature: _____

Date: / /