



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:	D.O.B:
COUNTRY OF BIRTH:	GENDER:
CRN:	

2. MEDICAL DETAILS	
Is your child's immunisation up to date	<input type="checkbox"/> NO <input type="checkbox"/> YES
<i>If your child's immunization status is not up to date, your eligibility to receive Child Care Subsidy may be affected.</i>	
Does your child have any medical conditions?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If yes, please provide details:	
Does your child require regular medication?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<i>If staff will be required to administer medication, a separate medication authority 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)</i>	
Does your child have any allergies OR intolerances?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If yes, what is the level of threat?	<input type="checkbox"/> MILD <input type="checkbox"/> SEVERE <input type="checkbox"/> ANAPHYLAXIS
<i>If yes, please provide details of any allergy/intolerance management plans relating to your child. (If anaphylaxis, the action plan relating to your child MUST be provided)</i>	
Does your child experience asthma?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If yes, what is the severity?	<input type="checkbox"/> MILD <input type="checkbox"/> SEVERE
<i>Please provide details of any asthma management plans and action plans relating to your child.</i>	
Does your child have any specific dietary requirements?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If yes, please provide details:	

3. BEHAVIOUR INFORMATION	
Does your child have a Positive Behaviour Support Plan?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Are there any particular behaviours that staff should be aware of?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If yes, please provide details (including any identifiable triggers to the behaviour):	
<i>Please provide a copy of any Positive Behaviour Support Plans relating to your child</i>	

4. CULTURAL BACKGROUND & ADDITIONAL INFORMATION	
Is your child of Aboriginal or Torres Strait Islander origin?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait	
Cultural background:	
Language/s spoken at home:	<input type="checkbox"/> English <input type="checkbox"/> Other (please specify) _____
Do you require a translator?	<input type="checkbox"/> NO <input type="checkbox"/> YES

Does your child have any religious/cultural needs?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
If yes, please provide details:		
Does your child have any dislikes, fears or phobias?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
If yes, please provide details:		
Does your child have any special interests or talents?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
If yes, please provide details:		

5. CUSTODY ARRANGEMENTS		
Are there any written agreements/court orders affecting your child?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
<i>If yes, please provide a certified copy of court documents</i>		
Is there anyone legally denied access to the child?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
<i>If yes, please provide a certified copy of court documents</i>		

6. HEALTH AND SAFETY		
<input type="checkbox"/> NO <input type="checkbox"/> YES	I give permission for OSHC staff to assist my child to apply a SPF 30+ sunscreen prior to outdoor activities.	
<input type="checkbox"/> NO <input type="checkbox"/> YES	I give permission for staff to apply plaster strips to my child if necessary.	
<input type="checkbox"/> NO <input type="checkbox"/> YES	I give permission for my child to take their shoes off whilst at the service.	
<input type="checkbox"/> NO <input type="checkbox"/> YES	I give permission for OSHC educators to administer a single dose of paracetamol if my child is suffering from pain or fever.	
<input type="checkbox"/> NO <input type="checkbox"/> YES	I give permission for an OSHC educator to be authorised to sign my child in or out of Payne Road OSHC service. I understand that I MUST verify the attendance record signed by OSHC educators on a weekly basis.	
<input type="checkbox"/> NO <input type="checkbox"/> YES	I agree to keep my/our child from attending the program should they be suffering from any infectious or contagious disease as recognised by the National Health and Medical Research Council.	
<input type="checkbox"/> NO <input type="checkbox"/> 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.	

7. AUTHORISATION TO OBTAIN MEDICAL ATTENTION		
<input type="checkbox"/> NO <input type="checkbox"/> YES	I authorise the Educator on duty to provide first aid and/or seek medical attention for my child/ren if necessary.	
<input type="checkbox"/> NO <input type="checkbox"/> 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.	
<input type="checkbox"/> NO <input type="checkbox"/> 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.	

8. ACTIVITIES		
<input type="checkbox"/> NO <input type="checkbox"/> YES	I 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/ walking 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. I understand risk assessments are completed for these activities and is available for such outings.	

Signature: _____ Date: _____