

Huntly Primary School Outside School Hours Care Enrolment Form

101 Brunel Street Huntly Vic 3551 Phone: 5448 8866
O.S.H.C. mobile 0407 148 067



Child's Personal Details

Surname: _____

First Name: _____ Second Name: _____

Preferred Name: _____ Birth Date: ____/____/____

Address: _____ Post Code: _____

Male/ Female: ____ Language spoken at home: _____

In which country was the child born? Australia Y/N Other: _____

Is the child Aboriginal Yes/NO, Torres Strait Islander YES/NO, Both Aboriginal & Torres Strait Islander YES/NO

Child's Religion: _____

Any cultural/religious considerations required? _____

Adult A (Parent/Guardian) Relationship to child: _____

Name: _____ D.O.B. _____

In which country was Adult A born? Australia Y/N Other: _____

Home ph. _____ Work: _____

Mobile: _____

Address: As per child or: _____

Name of Employer: _____

Adult B (Parent/Guardian) Relationship to child: _____

Name: _____ D.O.B. _____

In which country was Adult B born? : Australia Y/N Other: _____

Home ph.: _____ Work: _____

Mobile: _____ Address: As per child or: _____

Name of Employer: _____

Contact 1

Name: _____

Residential Address: _____

Telephone numbers

(H) _____ (W) _____ (Mobile) _____

Relationship to child: _____

Please tick the appropriate box/s

- Authorised to collect (Authorised Nominee).
- Notify in the event of an emergency.
- Authorised to consent to administer medication.
- Authorised to consent to medical treatment.
- Authorised to consent to transportation by ambulance.

- If relevant* - Authority to authorise an educator to take the child outside the service's premises (eg excursions).

Contact 2

Name: _____

Residential Address: _____

Telephone numbers

(H) _____ (W) _____ (Mobile) _____

Relationship to child: _____

Please tick the appropriate box/s

- Authorised to collect (Authorised Nominee).
- Notify in the event of an emergency.
- Authorised to consent to administer medication.
- Authorised to consent to medical treatment.
- Authorised to consent to transportation by ambulance.

- If relevant* - Authority to authorise an educator to take the child outside the service's premises (eg excursions).

Contact 3

Name: _____

Residential Address: _____

Telephone numbers

(H) _____ (W) _____ (Mobile) _____

Relationship to child: _____

Please tick the appropriate box/s

- Authorised to collect (Authorised Nominee).
- Notify in the event of an emergency.
- Authorised to consent to administer medication.
- Authorised to consent to medical treatment.
- Authorised to consent to transportation by ambulance.
- If relevant* - Authority to authorise an educator to take the child outside the service's premises (eg excursions).

Contact 4

Name: _____

Residential Address: _____

Telephone numbers

(H) _____ (W) _____ (Mobile) _____

Relationship to child: _____

Please tick the appropriate box/s

- Authorised to collect (Authorised Nominee).
- Notify in the event of an emergency.
- Authorised to consent to administer medication.
- Authorised to consent to medical treatment.
- Authorised to consent to transportation by ambulance.
- If relevant* - Authority to authorise an educator to take the child outside the service's premises (eg excursions).

Medical Details:

Does your child have Asthma? ____ Anaphylaxis? ____ Epilepsy? ____

If yes, please complete Appropriate Plan/s and attach to enrolment form (add notes re medical plans and risk minimisation plans)

Does your child have any other Medical Conditions / Allergies etc.? ____

If yes, please provide

details. _____

Does the child have a Developmental Delay or Disability including Intellectual, Sensory or Physical Impairment? No ____ Yes ____
Details _____

Immunisation Certificate Status: Complete YES/NO Incomplete YES/NO

A copy of your child's Immunisation Certificate can be obtained from Medicare.

Please attach a copy to this Enrolment.

OR

An Approved Provider or staff member has sighted a child health record for the child. YES/NO

Does your child have any dietary /additional requirements? ____ If yes, please list.

Child's Doctor: _____

Dr Phone No: _____

Dr's Address: _____

Medicare No: _____

Ambulance Subscription: Yes/NO Membership No: _____

Emergency Assistance Authorisation:

I authorise the approved provider, nominated supervisor or educator of Outside School Hours Care where it is impractical to communicate with me, to seek medical treatment for my child:

From a registered medical practitioner

From a hospital service

From an ambulance service

Transportation of my child by ambulance

Signatures of Parents/Guardians/Carers: Date: ____/____/____

For Childcare Benefits please provide CRN No's

Parent CRN: _____ Parent DOB _____

Child CRN: _____ Child DOB _____

OSHC- Individual Asthma Information Form

My Triggers are:- (please circle) · Viral illness (eg Cold) · Change in weather ·

Change in seasons · Cold air · Pollens · Dust · Allergies _____ Food _____ ·

Other _____

My Asthma symptoms are:- (please circle) · Shortness of Breath · Cough · Wheeze · Chest tightness · Other

_____ Other important information about my asthma (eg:
medications taken at home each day)

Asthma Management Plan attached YES/NO

Court Orders/Parenting Orders/Parenting Plans relating to the Child.

Are there any Court Orders/Parenting Orders/Parenting Plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child, or access to the child?

YES/NO Please complete the following:

1. Bring the original Court Orders/Parenting Orders/Parenting Plans for staff to see and photocopy and attach to this enrolment form.
2. If these documents,
 - a) change the powers of a parent/ guardian to:
 1. Authorise the taking of the child outside the service by a staff member of the service:
 2. Consent to medical treatment of the child:
 3. Request or permit the administration of medication to the child:
 4. Collect the child from the service. and/or
 - b) give these powers to someone else,

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

I will provide the OSHC staff with any further changes or additions if and when applicable.

Signed: _____ Dated: ___/___/20___

PG Rated Movies

Throughout the OSHC Program movies rated G & PG will be available for children to watch. We require parental consent for children to watch PG rated movies. Prior notification will be given to parents about the title of the movie by programming and notices on the OSHC board.

I give /do not give permission for my child to watch PG Rated Movies in the OSHC Program.

Signatures of Parents/Guardians/Carers: Date: ___/___/_____

Photograph Permission: (brochures/media/within Huntly Primary School)

I give / do not give permission for my child to be photographed during play/activity times whilst in OSHC. These photos may be used on our blog, Facebook page or in our OSHC newsletter.

Signatures of Parents/Guardians/Carers: Date: ___/___/_____

Excursions

I give / do not give permission for my child to attend excursions organised by the OSHC Program in the local area, within a radius of 10 kilometres of the school.

Parents will be notified by letter about excursions.

Signatures of Parents/Guardians/Carers: Date: ___/___/_____

I certify that the information contained within this form is correct.

Parent/Guardian: _____ Signature: _____ (please print name) Date:
____/____/____

OFFICE USE ONLY

Date form received _____ Received By _____

Entered in Quikkids Initial _____ Date _____

Complete / Incomplete

Medical Plans Attached. Y/N

Court order supplied if required. Y/N