



Glen Waverley South Primary School
 Out of School Hours Child Care Program
 Phone: 9560 6371 or 0409 168 410

OSHC ENROLMENT FORM:

Enrolment Date:

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. *Questions marked with an asterisk * are not required by the Regulations, but you are encouraged to answer these to assist the service in caring for your child.*

Information about the child

Family Name: Date of Birth: *Sex: M F
 (Please tick)

Given Names: *Usually called.....

Home Address:

Language(s) spoken in the home:

*Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)

No, not Aboriginal or Torres Strait Islander Yes, Aboriginal
 Yes, Aboriginal and Torres Strait Islander Yes, Torres Strait Islander

Information about the child's parents or guardians

Mother

Name:

Address - as per child or:

Telephone/s
 (H) (W)
 (Mobile)

Does the child live with the mother?
 No Yes (please tick)

Father

Name:

Address - as per child or:

Telephone/s
 (H) (W)
 (Mobile)

Does the child live with the father?
 No Yes (please tick)

Guardian (if applicable)

Name:

Address - as per child or:

Telephone/s
 (H) (W)
 (Mobile)

Does the child live with this guardian?
 No Yes (please tick)

Guardian (if applicable)

Name:

Address - as per child or:

Telephone/s
 (H) (W)
 (Mobile)

Does the child live with this guardian?
 No Yes (please tick)

Court orders relating to the child

Are there any **court orders** relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

No go to the next section.

Yes **please complete the following:**

1. Bring the **original** court order/s for staff to see and a copy to attach to this enrolment form;

2. If these orders:

a) Change the powers of a parent/guardian to:

- authorize the taking of the child outside the service by a staff member of the service;
- in the case of a family day care service, the taking of the child outside the family day carer's residence or family day care venue by a family day carer,
- consent to the medical treatment of the child;
- request or permit the administration of medication to the child;
- collect the child from the service or family day care, AND/OR

b) Give these powers to someone else,

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

.....

.....

.....

.....

Details of people who are authorized to be notified to collect your child.

Your consent is required for other people to collect the child from the children's service on your behalf.

In the boxes below please list the details of those people you have authorised to collect the child . This list may be added to or changed throughout the year.

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorized to collect and care for the child after the accident, injury, trauma, or illness.

Name:
Address:
Telephone/s (H)..... (W)
(Mobile)
Relationship to child Relationship to child:

Name:
Address:
Telephone/s (H)..... (W)
(Mobile)
Relationship to child Relationship to child:

Child's Health Information:

Name Doctor/Medical Service: Telephone:

Address Doctor/Medical service:
.....

Does your child have a health record? No Yes (please tick)
 If **YES**, please provide to the service a copy of any relevant documents.
 If **No** please provide us with a letter stating that the child is not immunized and that in case of an outbreak your child will be excluded from the service until such time as the "EXCLUSION" table mandates.

Child health record means a record that documents a child's health and development assessments and immunizations.

Are you an Ambulance member No Yes (please tick)

Child's Medical Information:

Does your child have any special needs? No Yes (please tick)
 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 any allergies or sensitivity? No Yes (please tick)
 If **yes** please provide details of any allergies and any management procedure to be followed with respect to the allergy. Forms are to be in color and signed by the Doctor.

Anaphylaxis
 Has your child been diagnosed at risk of anaphylaxis? No Yes
 Does your child have an auto injection device (eg EpiPen®)? No Yes
 Has the anaphylaxis medical management plan been provided to the service? No Yes
 Has a risk management plan been completed by the service in consultation with you? No Yes

In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy you will be required to provide the service with an individual medical management plan complete with photograph of your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form. More information is available at www.education.vic.gov.au/anaphylaxis

Does your child have any other medical conditions? (e.g. asthma, epilepsy, diabetes etc that are relevant to the care of your child) No Yes (please tick)
 If **yes** please provide details of any medical condition and any management procedure to be followed with respect to the medical condition. You are required to provide the service with an individual medical management plan complete with photograph of your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form.

Does the child have any dietary restrictions? No Yes (please tick)
 If **yes**, the following restrictions apply:

***Other information**

Is there is anything else that the OSH Program should know about the child? (eg excessive fears, favourite activities, attending other early childhood service or early intervention service, etc)

Additional Consent Items

I give permission for my child to watch PG rated movies under the supervision of the OSHC program staff.	No <input type="checkbox"/>	Yes <input type="checkbox"/> (please tick)
I give permission for photos to be taken of my child and used within the OSHC program.	No <input type="checkbox"/>	Yes <input type="checkbox"/> (please tick)

Declaration and consent to emergency medical treatment

<ul style="list-style-type: none"> • I,(Print full name) • a person with lawful authority of the child referred to in this enrolment form, • I declare that the information in this enrolment form is true and correct and undertake to immediately inform the children’s service in the event of any change to this information; • I agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service; • I consent to the proprietor or the OSH Coordinator or Acting Coordinator to seek medical treatment for the child from a medical practitioner, hospital or ambulance service and I agree to meet any expenses attached to such treatment. • I accept full responsibility for my child’s belongings whilst attending this program. • I fully understand that if my child continuously misbehaves and after behavior guidance procedures have been followed, I will be notified and my child may be removed from the program. • I undertake to inform the staff of any absence of my child. In the event that my child is injured or becomes ill during the program, either an authorised person or I shall collect the child as soon as possible.
Signature	Date

<p><u>Confidentiality of enrolment records:</u> The proprietor of the children’s service must ensure that information in the child’s enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children’ Services Regulations 2009 (regulation 35(1) (d-e))</p>

<p><u>Lawful Authority</u> Parents All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Children’s Services Regulations 2009 refer to these powers and responsibilities as “lawful authority”. It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.</p> <p>Guardians A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of “guardian” under the <i>Children’s Services Act</i> 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.</p>
