

Outside School Hours Care Program (OSHC)

ENROLMENT INFORMATION

Enrolment Date: _____

A parent or guardian who has lawful authority in relation to this child must complete this form. A brief explanation of this authority is found at the end of this form. Licensed children’s services may use this form to collect the child’s enrolment information as required in regulations 31 to 35. 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 child.

CHILDS INFORMATION

Family Name: Date of Birth: Sex: Male/Female (please circle)

Given Names: *Usually Called:

Childs CRN: Grade:

Home Address:

Language(s) spoken in the home:

Cultural background of the child and/or parents:

Religion:

*Is the child Aboriginal and/or Torres Strait Islander origin? YES / NO (Please circle)

*Does the child have a developmental delay or disability including intellectual sensory or physical impairment? YES / NO (Please Circle)

Information about the child’s parents or guardians

Mother / Guardian (please circle)	Father / Guardian (please circle)
Name	Name
Address	Address
CRN	CRN
Date of Birth / /	Date of Birth / /
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Email address	Email address

Authorised Nominees (Emergency Contacts)

There may be times when the child has an incident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the OSHC program should notify one of the following people who are authorised to collect and care for the child. Contacts other than parents must be 16 years of age or older.

Name	Relationship to child
Language/s Spoken	Mobile Tel.
Home Address	Home Tel.
Name & Address of Workplace	Work Tel.
Is above person authorised to collect the aforementioned child?	(please circle) Yes / No
Can above person be contacted in case of an incident, injury, trauma or illness involving the child?	Yes / No
Is above person authorised to consent to medical treatment of the child?	Yes / No
Is above person authorised to consent to administration of medication to the child	Yes / No
Is above person authorised to authorise an OSHC educator to take the child outside the OSHC premises?	Yes / No

Name	Relationship to child
Language/s Spoken	Mobile Tel.
Home Address	Home Tel.
Name & Address of Workplace	Work Tel.
Is above person authorised to collect the aforementioned child?	(please circle) Yes / No
Can above person be contacted in case of an incident, injury, trauma or illness involving the child?	Yes / No
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Is above person authorised to consent to administration of medication to the child	Yes / No
Is above person authorised to authorise an OSHC educator to take the child outside the OSHC premises?	Yes / No

I/we (Parent/Guardian) _____ authorise the above Authorised Nominees to act in accordance, as indicated by the circled Yes/No responses.

Signature/s _____ Date _____

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? (please circle)

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 the enrolment form
2. If these orders:
 - (a) Change the powers of the parent/guardian to:
 - Authorise the taking of the outside the service by child a staff member of the service.
 - Consent to medical treatment of the child.
 - Request or permit the administration medication to the child.
 - 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:

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Please tell your care provider if you have children in care at another service.

Child's Name / Service

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Child's health information

Name of Doctor.....Telephone.....

Medical Centre/Address.....

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Medicare Number.....Healthcare Card.....

Ambulance Subscription Yes / No Membership Number.....

Private Health Insurance Yes / No Fund..... Membership Number.....

Child's medical information

Does your child have any special needs or any cultural or religious requirements?
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.

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Does your child have any allergies? Yes / No (please circle)
If yes please provide clear information on ways to minimise allergic responses and treatment of symptoms.

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

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 for 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.goc.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) Yes / No (please circle)

If yes please provide details of any medical condition. **A management plan, a risk minimisation plan and a communication plan must be supplied to the service with respect to the medical condition.**

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Does the child have any dietary requirements/restrictions? Yes / No (please circle)

If yes, the following requirements/restrictions apply.

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Childs immunisation record

Has the child been immunised? Yes / No (please circle)

Do you give permission to access the school for child’s immunisation record?
Yes / No (please circle)

Has the approved provider or staff member sighted a child health record for this child?
Yes / No (please circle)

If yes ... Date.....
Staff Member Signature.....

Other information

If there is anything else that the children’s service should know about the child? (E.g. excessive fears, favourite activities, whether they have attended other services or any other issues relating to the child (e.g behavioural issues, triggers, family issues.)

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Declaration and consent to emergency medical treatment

I.....(Print full name)
a person 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 children’s service in the event of any change to this information;
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell at the service:
- Consent to the programs Coordinator/ Assistant to seek medical treatment for the child from a medical practitioner, hospital or ambulance and agree to meet any expenses attached to such treatment.
- I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease.

Signature..... Date.....

PHOTOGRAPHIC CONSENT

I give permission for my child to be photographed at the service. I understand that these photos are for display at the service and/or the school newsletter only.

YES / NO (Please circle)

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

YES / NO (Please circle)

SUNSCREEN CONSENT

I give permission for my child to have 30+ sunscreen applied as per the services/school’s Sun Smart Policy.

YES / NO (Please circle)

CONSENT TO VIEW “PG” RATED MOVIES

I give permission for my child to view movies rated “PG”

YES / NO (Please circle)

CONSENT TO APPLY BARRIER CREAM AND FACE PAINT TO SKIN

I give permission for my child to have barrier cream and face paints to their skin.

YES / NO (Please circle)

POLICY AND PHILOSOPHY STATEMENT

I agree to abide by all policy and philosophy guidelines of the service outlined in the Families Handbook and Policy Document.

YES / NO (Please circle)

**I accept full responsibility for my child’s belongings whilst attending the program.
I fully understand that if my child continuously does not follow: the behavioural expectations of the program, not listening to staff and respecting everyone and their safety whilst in the program, I will be notified and my child will be removed from the program.**

PARENT/GUARDIAN Signature/s

.....

Date

Confidentiality of enrolment records

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’s Services Regulations 2009 (regulation 35(1) (d-e))

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children 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 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.

Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful by a court order. The definition of “guardian” under the Children’s Services Act 1996 also covers situations where a child does not live with his/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.

Kallista Primary School Before & After School Care Program

Policy & Procedure for Managing Medical Conditions

Policy Statement:

The program requires children with a specific medical condition are to be cared for appropriately during the time they are at the program. Information about a child's medical condition and the required response to that condition must be provided by the parent and must be available to all staff who are employed at the program

Aim:

To ensure the safety of children with specific medical conditions and to ensure staff are informed about who these children are, the nature of their condition and the required response to an episode of this condition occurring at the program

Procedure:

- The program requires the parent / guardian of any child with a medical condition to provide information regarding the nature of the child's medical condition
- The parent must supply a written medical management to ensure staff know how to respond to an episode
- The parent will supply any medication and or equipment required to manage their child's condition, this will be available to staff at all times
- The information must be displayed at the program and staff made aware of the child, their condition and the treatment required.
- The staff will follow the "Action Plan" supplied by parents if an incident occurs at the program
- A risk management plan be provided by parents , in consultation with program staff, to ensure the risks relating to the child's health issue are minimised.
- Staff are to ensure practises which minimise the risk of allergens being present during any preparation, consumption and handling of food.
- Parents will communicate any changes to the Medical Action Plan to the nominated supervisor and records will be updated.

PRINCIPALS SIGNATURE _____

SCHOOL COUNCIL PRESIDENT _____

PASSED _____

5/6/17

REVIEW _____

2019



Kallista Primary School



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Email: kallista.ps@edumail.vic.gov.au Website: www.kallistaps.vic.edu.au/ ABN: 45-213-702-543

Medical Action Plan Outside School Hours Care

If you have listed your child as having a health issue in this enrolment form you are required to fill in the following and lodge it with the enrolment form.

Child's
Name: _____

Health
Issue _____

Management Plan:

Risk Management:

Communication Plan:

Parent Signature _____

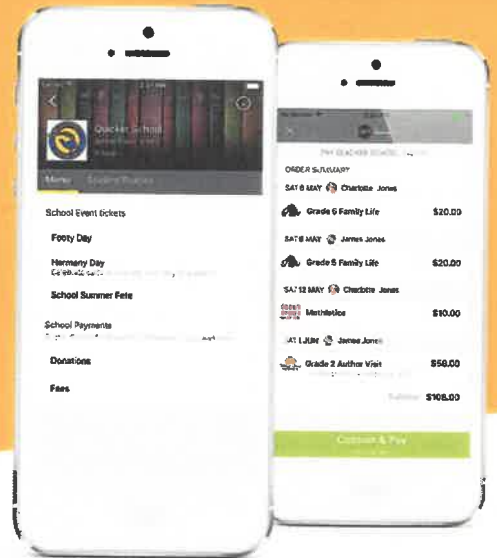


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Step 2 Register

Select your Country of Residence as 'Australia' and follow the steps to register

Step 3 Find our school

Our school will appear in 'Nearby Locations' if you're within 10km's of the school, or search for our school by name.

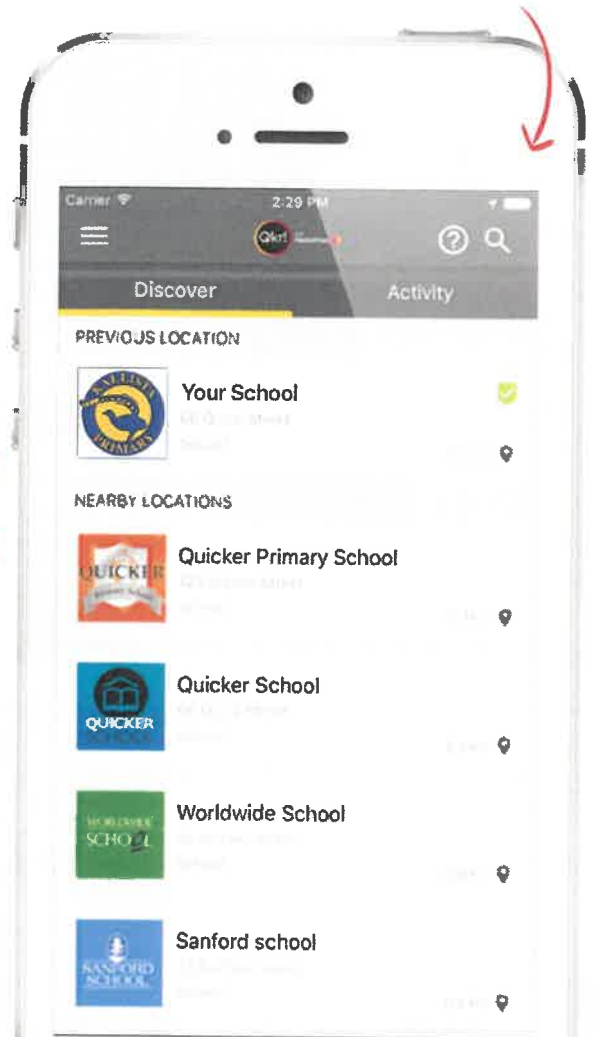
Step 4 Register your children

When first accessing our school you will be prompted to add a student profile for your child. This allows you to make orders and payments for them.

Search for our school name

If you have made a purchase you can select our school from 'Previous Location'

If you're within 10 kms of the school, you can select our school from 'Nearby Locations'



Add your children's details in Student Profiles

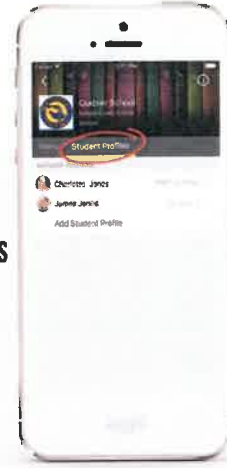
Select
'Add student profile'



Add each
child's details

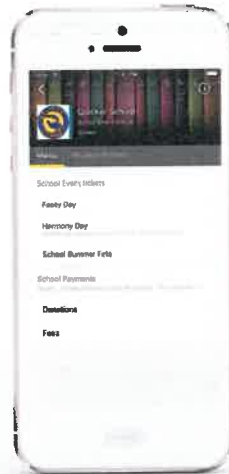


Manage each
child's details in
Student Profiles

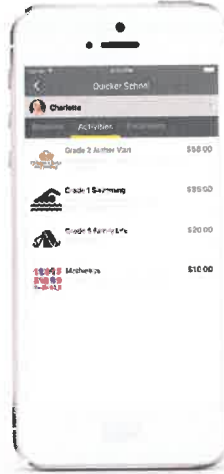


Purchase school items

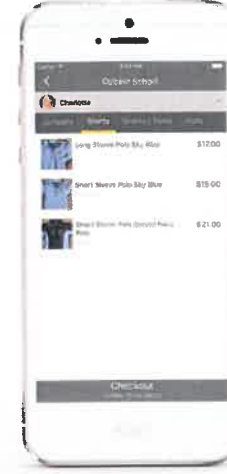
Select a menu
from our school



Select child
you are
ordering for



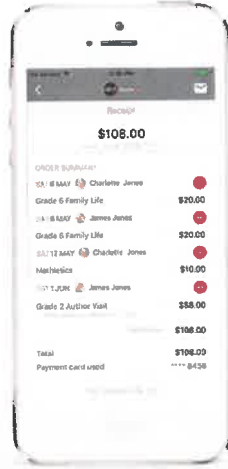
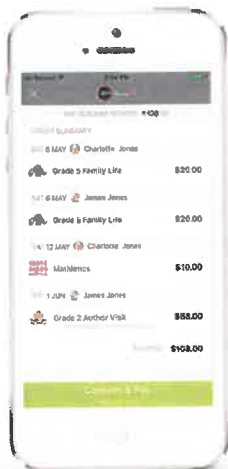
Select your items



Tap 'Checkout'
then confirm and pay

Making payments

Add up to 5 cards to your wallet



At checkout select which card to pay with.

Pay with any cards accepted by the school.

Once your payment is approved you can continue to the home page, or view your receipt.