

Modbury School Out of School Hours Care Enrolment Form



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Casual Enrolment Full Enrolment Enrolment Date ____/____/____

Details of Child

First Names:	Preferred Name
Surname:	Date of Birth: ____/____/____ Age:
Male / Female / Other (please circle)	Aboriginal / TSI: Yes / No (please circle)
Main Language spoken at home:	Child Centrelink Ref No:
Name of child's current teacher:	Class Room No:

Details of Parent / Guardian (1) (person responsible for paying account)

First Name:	Surname:
Date of Birth: / /	
Address:	
Postal Address:	
Relation to Child:	Occupation:
Email:	Mobile: Wk no:
Languages Spoken:	
Parent Centrelink Ref No:	Does child live with this parent/guardian? Yes / No
I am claiming Childcare Benefit at other Approved Childcare Service/s (which includes LDC, OSHC, FDC, IHC, OCC) for this number of children: _____	

Details of Parent / Guardian (2)

First Name:	Surname:
Date of Birth: / /	
Address:	
Postal Address:	
Relation to Child:	Occupation:
Email:	Mobile: Wk no:
Languages Spoken:	
Parent Centrelink Ref No:	Does child live with this parent/guardian? Yes / No
I am claiming Childcare Benefit at other Approved Childcare Service/s (which includes LDC, OSHC, FDC, IHC, OCC) for this number of children: _____	

Persons Authorised to Collect Child (besides parents/guardians)

First Name:	Surname:		
Address:			
Relation to Child:			
Telephone:	Home	Work	Mble

First Name:	Surname:		
Address:			
Relation to Child:			
Telephone:	Home	Work	Mble

Emergency Contact Persons

In case of accident or injury, trauma or illness when parents/guardians are not available, please state two people who could pick up the child and take care of them for the day. In the event that the child is not collected from the children's service and the parent or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

First Name:	Surname:		
Address:			
Relation to Child:			
Telephone:	Home	Work	Mble

First Name:	Surname:		
Address:			
Relation to Child:			
Telephone:	Home	Work	Mble

Custody Details

Are there special access/custody arrangements? Yes /No (please circle)

If yes, please give details _____

Medical & Health Information

Has the child received all immunisations appropriate for her/his age? Yes / No

If no, please give details: _____

Has the child any conditions / medications that may be effected by OSHC activities? Yes / No

If yes, please give specifics and any related medication: _____

Has the child any disabilities? Yes / No

If yes, please record specifics: _____

Has the child any special needs? Yes / No

If yes, please record specifics: _____

Does the child usually require special aids (e.g. glasses, hearing aid etc.)? Yes / No

If yes, please give details: _____

Has the child any special dietary needs not related to allergies? Yes / No

If yes, please give specifics: _____

Has the child suffered any illness that may re-occur (e.g. chronic ear infection)? Yes / No

If yes, please give details: _____

Has the child had any kind of allergic reactions? Yes / No

If yes, please give details: _____

Is there any other medical information we might need to know? _____

Doctor's Name:	Phone No:
Clinic Name:	
Address:	
Medicare Number:	Health Care Card Number:
Private Medical Cover with:	Ambulance Cover with:

Bookings (please also complete weekly booking sheets)

Do you require Before School Care? (please tick boxes)

Commencing From: ___/___/___

Mon.	Tue.	Wed.	Thu.	Fri.

Do you require After School Care?
(please tick boxes)

Mon.	Tue.	Wed.	Thu.	Fri.

Commencing From: ___/___/___

Do you require Vacation Care? Yes / No Commencing From: ___/___/___

Please tell us a little about your child's strengths, interests, likes and dislikes

Is there anything more we need to know?

(e.g. 1. any personal, religious or cultural practices/prohibitions that you would like the service to know or
2. comments on homework, behaviour management etc. or 3. any suggestions or ideas for activities or outings
or 4. any skills, hobbies or interests that you would like to share with the OSHC children?)

Consents (please circle)

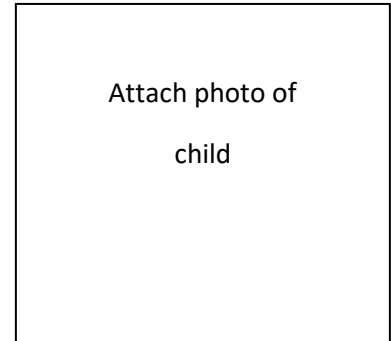
I consent for my child to take part in supervised walking excursions within the local area as part of the Centre's program .	Yes / No
I consent for my child to be photographed/videoed and for their image and name to be published in circumstances the Director deems to be appropriate	Yes / No
I give permission for my child to watch P & PG rated movies at the discretion of the Director	Yes / No
I give permission for my child to access the internet in accordance with Modbury School's Cyber Safety Agreement	Yes / No
I give consent for my child to be taken by a staff member to the local hospital or doctor's surgery in the event of a minor injury.	Yes / No

Agreements (please circle)

I agree to pay the required fees for my child's booked childcare hours and accept the policies and rules of the Service.	Yes / No
I agree that the staff of the Service may administer simple first aid to my child if the need arises.	Yes / No
I understand that if at any time the staff of the Service consider that my child requires emergency medical/hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend my child. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child.	Yes / No
I certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform the Service if any of these details change.	Yes / No

Parent / Guardian signature: _____ Date: ___/___/___

Please complete the details below in order to assist us to effectively manage the condition whilst your child is at child care. Please refer to the Centre's Medical Conditions Policy in the Policy Handbook for guidelines.



Child's Name:

Date of Birth: _____ Today's Date: _____ Date for Review: _____

MEDICAL CONDITION MANAGEMENT Specific health care needs or diagnosed medical condition:

Please describe what symptoms will become evident when your child the medical condition:

When your child has medical condition:

At the first sign of a medical condition please administer prescribed medicine:

Name of medication: _____

Dose and Method of application: _____

Frequency of application: _____

Further Instructions: _____

Name and number to contact: _____

If symptoms get worse

: Medical practitioner has provided medical action plan? Yes No If yes, please attach a copy to this form.

Steps to take:

● _____

● _____

Modbury OSHC Medical Conditions Management, Risk Minimisation & Communication Plan.

MEDICAL COMMUNICATION PLAN (Prepared by Parents and Service)

Child Name:	Date of Birth: / /
Specific health care needs or diagnosed medical condition:	

The following communication plan is prepared in accordance with regulation 90(1)(iii) to set out how: relevant staff

members, parents and volunteers are informed about the medical conditions policy; and, the medical management and risk minimisation plans for the child; and a parent of the child can communicate any changes to the medical management plan and risk minimisation plan for the child.

Service

Educators:

- will complete an Incident, Injury, Trauma and Illness form and advise you when your child requires medication where this has not previously been authorised (for a specific day or time);
- may enquire about the child's health to check if there have been any changes in their condition or treatment; and
- acknowledge a copy of the Medical Conditions Policy has been provided and is available in the service.

The Director will:

- advise all new educators, staff, volunteers and students about the location of the child's medical management plan, risk minimisation plan and medication as part of their induction;
- review the child's medical management plan, risk minimisation plan and medication regularly at staff meetings, and seek feedback from educators about any issues or concerns they may have in relation to the child's medical condition;
- regularly remind parents of children with health care needs, allergies or diagnosed medical conditions to update their child's medical management plan, risk minimisation information and medication information through newsletters and information on parent noticeboards; and
- update a child's enrolment and medical information as soon as possible after parents update the information.

Parents will:

- advise the Nominated Supervisor and educators of changes in the medical management plan or medication as soon as possible after the change, and immediately provide an updated medical management plan, medication and medication authorisation (if relevant);
- provide an updated medical management plan annually, whenever it is updated or prior to expiry;
- provide details annually in enrolment documentation of any medical condition;
- advise educators in writing on arrival of symptoms requiring administration of medication in the past 48 hours and the cause of the symptoms (if known); and
- acknowledge a copy of the Medical Conditions Policy has been provided and is available in the service.

Other comments:

I/we agree to these arrangements, including the display of our child's picture, first name, medication held and location, and brief description of allergy/condition on a poster in all children's rooms and prominent places to alert all staff, volunteers and students. Also, the above information on forms is correct and current.

Signed: _____ Date: _____
Parent/Guardian

Name of Parent/ Guardian

Office use only: Enrolment form pages have been reviewed and completed. Director Signature: _____ Date: _____

Modbury OSHC Medical Conditions Management, Risk Minimisation & Communication Plan.

RISK MININISATION PLAN - Strategies to Avoid Triggers (Prepared by Parents and Service)

- Anaphylaxis, asthma and first aid trained educators are on the premises at all times.
- The medical management plan, risk minimisation plan and medication are accessible to all educators. Discussions to explain where these items are kept are held with parents, educators and volunteers.
- The child's and service medication is stored in the prescribed location for the room and service.
- The child's medication will be checked to ensure it is current and has not expired.
- There is a notification of child at risk of anaphylaxis displayed in the office with other prescribed information.
- The Director will identify all children with specific health care needs, allergies or diagnosed medical conditions to all new educators, staff, volunteers and students, and ensure they know the location of the child's medical management plan, risk minimisation plan and medication.
- Parents are required to authorise administration of medication on medication record, and educators will complete administration of medication record whenever medication is provided.
- A copy of parent's authorisation to administer medication is attached to medical management plan and original filed in child file.
- The Director will discuss with the parents of any allergens that pose a risk to the child.
- The service will display the child's picture, first name, medication held and location, and brief description of medical condition on a poster/schedule in the office and prominent places to alert all staff, volunteers.

Child Name:

Date of birth:

Specific health care needs or diagnosed medical conditions:

Predominant Trigger/s (For example: eating certain food, using products containing certain foods, chemicals or other substances, temperature, dust, physical activity, exposure to certain animals or plants, mould, pollen, missed meals, etc).
PLEASE LIST TRIGGERS THAT RELATED TO CHILD:

Other Allergy Triggers:

EDUCATORS TO COMPLETE

What educators, staff and volunteers will do to minimise effect of triggers:

(For example: Service will be cleaned daily to reduce allergens; Service will use damp cloths to dust so it's not spread into the atmosphere, Child will be supervised to prevent movements from hot or warm environments to cold environments; Child will not feed pets; Educators to clean tables and floors of any dropped food as soon as practical; Child will be supervised while other children are eating and drinking; The child will only eat food prepared and bought to the service by the parents; The child's food items will be labelled clearly. Educators may refuse to give the child unlabelled food; Child to be seated a safe distance from other children when eating and drinking with an educator positioned closely to reduce the risk of the child ingesting other children's food or drinks, etc).

PLEASE NOTE THE RELEVANT RISKS, STRATEGIES AND WHO RESPONSIBILITIES IN THE TABLE BELOW.

Risks	Strategy	Who is responsible