

PARENT GUARDIAN AUTHORISATIONS

1. I authorise all **medical and surgical treatment**, X-ray, laboratory, anaesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending and/or Paramedics for my child and waive my right to informed consent of treatment. If necessary, I give permission for my child to travel in an ambulance. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. I agree to accept responsibility for all medical expenses arising as a result of emergency treatment sought for my child.
2. I give permission for staff at Mighty Oaks to provide **first aid treatment** for my child in the event of incident /accident / trauma. I agree to sign documentation acknowledging notification of such treatment.
3. I give permission for people listed as Parent/Guardian and Emergency Contact / Authorised Pickup Persons on presentation of photo ID to **drop off and collect my child** from the Service unless otherwise authorised in writing.
4. I agree to ensure Mighty Oaks is notified in writing or verbally (2 staff members to take message) of any **changes in arrangements** for my child to be picked up from the OSHC. I will ensure they will bring photo ID when collecting my child.
5. I hereby agree that Mighty Oaks will be notified as early as possible if I am going to be **late picking up** my child. I agree to pay the incurred late fee, which will apply after Service closure at rate of \$1.00 a minute (per child) after 6.00pm.
6. I agree to pay all **fees the week of attendance or in advance** & all outstanding fees. Permanent bookings if failing to provide 2 week's notice in writing, will be charged. My child will attend on the last day of the notice period or I will incur full fees, as Child Care Benefit is not claimable if my child does not attend on their last day. Permanent bookings will be charged for all booked sessions including absences due to illness, days off school. (Children receive 5 makeup sessions per calendar year for any missed sessions).
7. I understand that after one week **default in paying fees** I will be liable for an additional charge of \$10.00 remittance and thereafter the number of days my child is enrolled will be reduced to assist with fee paying. I acknowledge that the enrolment information contained herein will be passed on to debt collectors for legal recovery action & that default will result in enrolment details being listed on the National Default Registry for a period of six (6) years and 30 days or until paid.
8. I give permission for the staff at Mighty Oaks OSHC to administer one (1) dose only of children's paracetamol (**Panadol**) to my child as per the recommended dosage on the bottle if they have a fever of 38°C or above. If I cannot be contacted this medication may be given without my express permission at that time. **YES / NO** (Please CIRCLE which applies)
I understand that a second dose, due to regulations, cannot be administered and will collect my child from the Service if their temperature remains high or they spike another temperature.
9. I give permission for the staff at Mighty Oaks OSHC to take my **child's photo** and display it for educational purposes, on service Facebook only accessible to invited guests, service website and marketing. **YES / NO** (Please CIRCLE which applies)
10. I hereby give permission for my child to use the OSHC **Sunscreen and Insect Repellent**, as required. **YES / NO** (Please CIRCLE which applies). If NO, I will supply these items for my child.
11. **Before or After School Care** I give for permission for my child to access all areas permitted by the school with the OSHC teachers, including the oval, library and performance centre.
12. I give **Centrelink** the authority to provide Mighty Oaks OSHC with information regarding my Child Care Benefit % and its status and/ or my current residential address and phone number on request by Mighty Oaks.
13. **Privacy Consent.** Mighty Oaks OSHC collects information from you for the primary purpose of providing quality outside school hours care and meeting your child's needs. Information you provide will be used for administrative purposes, billing and debt collection, disclosure to Family Assistance Office and Department of Communities, emergency situations whereby staff/hospitals require access to records for appropriate purposes. I consent to the handling of my information by the company for the purposes set out above, subject to any limitations that I notify in writing.
14. All the information provided is **true and correct** and I have received the **Parent Handbook** and agree to abide by all Service policies. I agree to provide, in writing, details of any changes in my child details listed above.

In signing below, I acknowledge and accept the conditions one (1) through fifteen (15) listed as detailed above. Parent Signature: _____ **Date** _____

Mighty Oaks OSHC Office use only

Enrolment Fee Charged to A/C:	Date: _____	Signed: _____
Child info entered in database:	Date: _____	Signed: _____
Details Completed and Checked Ancillary forms completed and attached:		Signed: _____
Medical Management & Action Plan (if required)	Date: _____	Signed: _____
Risk Minimisation Plan completed (if required):	Date: _____	Signed: _____
Allergy/Food Intolerance Non-Life Threatening Form: (if req)	Date: _____	Signed: _____
Enrolment Form updated:	Date: _____	Signed: _____

MEDICAL INFORMATION

Doctor: _____

Address: _____ Postcode: _____

Phone Number: _____ Medicare Number: _____

Does your child suffer from any non-life threatening allergic reactions? e.g. foods, medicine, grass, etc. **YES / NO**

If **YES**, please complete Allergy /Food Intolerance Non -Life Threatening Form.

Does your child suffer from any life threatening allergic reactions? **YES / NO**

If **YES**, please provide a Medical Management & Action Plan from your child's doctor before your child commences.

Does your child suffer any medical conditions? e.g. asthma, convulsions, etc. **YES / NO**

If **YES**, has a Medical Management & Action Plan been completed by your child's doctor? **YES / NO** *Please provide.*

Has your child suffered any injuries or illnesses? e.g. fractured bone, glandular fever etc. **YES / NO**

If yes, please provide details: _____

Does your child have any additional needs/ challenging behaviours? **YES / NO**

If yes, please provide details: _____

Has your child been referred to: (if you respond yes to any below, please provide relevant reports)?

Speech Therapist	_____	Special Education Development Unit	_____
Occupational Therapist	_____	Development Assessment Team	_____
Physiotherapist	_____	Other	_____

IMMUNISATION RECORD

Has your child been immunised? **YES** **NO**

Please **TICK** where applicable below, and **SIGN** as a true and correct record of your child's immunisation status. Please ensure you update these records when applicable.

	Birth	2 mths	4 mths	6 mths	12 mths	18 mths	4 yrs
Rotavirus							
Tetanus, Diptheria, Pertussis							
Polio							
Hib							
Measles, Mumps, Rubella (MMR)							
Meningococcal C							
Hepatitis B							
Chicken Pox (VZV)							
Pneumococcal Disease							
Other							

Parent/Guardian Signature: _____

Date: _____

**** PLEASE ANSWER QUESTIONS ON BACK PAGE!**

PRIMARY CONTACT DETAILS

Parent/Guardian 1

Title/First Name: _____

Surname: _____

Home Address: _____

Postcode: _____

Home Phone: _____

Mobile: _____

Relationship to Child: _____

Email Address: _____

Country of Birth: _____

Language(s) Spoken: _____

Work Status: _____

(E.g. full time, studying, home maker, job seeker, volunteer +15 hours/ week, shift worker, self employed)

Occupation: _____

Work Name: _____

Work Phone: _____

Parenting Orders/Parenting Plan (under the Family Law Act 1975 Cwltth): **YES / NO** (if Yes, please provide copies of relevant documentation)

Child lives with: Both Parents / Mother / Father / Step Parent / Guardian / Grandparents (please circle)

ALTERNATE EMERGENCY CONTACT / AUTHORISED PICKUP PERSON

These nominated person(s) will be required to present photo ID when collecting your child. Please ensure that persons nominated are aware that they are emergency contacts and willing to pickup your child if required.

I authorise the below contacts to consent to medical treatment if parents cannot be contacted

I consent to any person authorised herewith, to authorise an educator to take my child outside the education and care service premises on my behalf

Title/First Name: _____

Surname: _____

Home Address: _____

Relationship to Child: _____

Home/Mobile Phone: _____

Title/First Name: _____

Surname: _____

Home Address: _____

Relationship to Child: _____

Home/Mobile Phone: _____



Mighty Oaks Outside School Hours Care (OSHC)

12 Princeton Ave, Alexandra Hills Q 4161

Ph: (07) 3824 2018. E: admin@roserainbowkindy.com.au

MIGHTY OAKS ENROLMENT FORM - 2019

Your details **must** be kept up to date. Please ensure that you notify the OSHC of any changes to information contained herein.

Child's Last Name: _____ Given Name(s): _____

DOB: _____ Sex: M / F Place of Birth: _____

Child's Home Address: _____

_____ Phone: _____

Start Date: _____ Age at start date: _____ Year Level: _____

Claiming Child Benefits: **YES / NO** Claiming the Child Care Rebate: **YES / NO**

Parent Claiming Child Care Benefits: _____ Parent DOB: _____

Child's CRN: _____ **Claiming parent's CRN:** _____

(This information is required to link your personal details with Centrelink)

DO YOU HAVE A HEALTH CARE / PENSION CARD? YES / NO (if YES, please provide)

Cultural/Religious/Dietary Preferences: _____

Any Special Considerations for your Child? (Cultural, Dietary, Religious preferences)

Is the child of Aboriginal, Torres Strait Islander, or Sth Sea Islander descent? (**Please circle applicable**) **YES/NO**

Days Attending: Mon Tue Wed Thurs Fri (**circle**) **Bookings:** Permanent / Casual - Full time / Part time

Time: Before School (6.30 – 8.30am) After School (2.30 – 6.00pm) (**please circle**)

Do you have other children attending a licensed service? (Please include childcare, family daycare as this may reduce your fees with the multi-child %)

Name of child/children: _____ Attending: _____