



## Macleod College

### Out of School Hour Care Enrolment Form – 2020

PREP – YEAR 6 ONLY

Phone: 0401 991 093

[ohsc.macleod.co@edumail.vic.gov.au](mailto:ohsc.macleod.co@edumail.vic.gov.au)

#### CHILD DETAILS

Family Name:

First Name:

Middle Name:

Sex:  Male  Female  Intersex  
 Chose not to disclose

Date of Birth:

Address:

Language spoken:

Does your child have any special needs:  YES :  NO

Details:

Has Your child been immunised:  YES  NO If yes, please provide copy of immunisation certificate

Is the student of Aboriginal or Torres Strait Islander Origin?

NO  YES, Aboriginal  
 YES , Torres Strait Islander:  Yes, Both Aboriginal & Torres Strait Islander

Grade:

Teacher:

What is the student's living arrangements?

At home with Two Parents/Guardians  State Arranged Out of Home Care  
 At Home with One Parent / Guardian  Independent

## FAMILY DETAILS

### Parent A

Surname:		Title:	
First Given Name:		Preferred Name:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Chose not to disclose		Date of Birth:	
Address:			
Telephone	Home:	Work:	Mobile:
Email Address:			
Employer:			
Occupation:			
Main Language Spoken at home:		Cultural Background:	
Does the child live with this parent/ guardian: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Parent/Guardian Signature:			

### Parent B

Surname:		Title:	
First Given Name:		Preferred Name:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Chose not to disclose		Date of Birth:	
Address:			
Telephone	Home:	Work:	Mobile:
Email Address:			
Employer:			
Occupation:			
Main Language Spoken at home:		Cultural Background:	
Does the child live with this parent/ guardian: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Parent/Guardian Signature:			



## MEDICAL

How would you describe your child's health?

Is your child receiving any medical treatment?

Details of any dietary requirements?

Any history of illness? Please give details:

Allergies:  YES  NO Describe:

Anaphylaxis:  YES  NO If yes, have you supplied a current Anaphylaxis Plan an EpiPen?  YES  NO

Anaphylaxis Medication/ Treatment:

Medical Plan:

Other:

Asthma:  YES  NO If yes, have you supplied a current Asthma Plan and Ventolin?  YES  NO

Asthma Medication/ Treatment:

Are there any known triggers? :

Symptoms:  Wheeze  Cough  Tight chest  Shortness of breath  Exhibits symptoms after exertion

## OTHER INFORMATION

Is there any other information we should know about your child? Likes, dislikes, favourite activities, cultural information etc.

## STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?  YES  NO

Is there an Access Alert for the student?  YES  NO

Access type:  Court Order  Family Law order  Restraining Order  Other  
(tick)

Describe any Access Restriction:

If a court order exists, please provide this information to the O.S.H.C Coordinator.  Yes  No

## PERSONS AUTHORISED TO COLLECT CHILD

(These people must be over 18 years old.)

Name:	Relationship:
Address:	
Phone Number:	

Name:	Relationship:
Address:	
Phone Number:	

Name:	Relationship:
Address:	
Phone:	

## EMERGENCY CONTACTS (maximum 30 minutes from the service)

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. In event that the child is not collected from the O.S.H.C program and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child. This person will have lawful authority to:

- Consent to medical treatment of the child
- Request or permit the administration of medication to the child

Name:	Relationship
Address:	
Phone Number	Home:
	Work:
	Mobile:

Name:	Relationship
Address:	
Phone Number	Home:
	Work:
	Mobile:

## Declaration and Consent To Emergency Medical Treatment

I, (print name)

Person/s 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 O.S.H.C service in the event of any Change to this information
- Agree to collect or make arrangement for the collection of the child referred to in this enrolment form if he / she becomes unwell at the service
- Consent to the staff or the O.S.H.C service seeking medical treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency medical treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by the OSHC service
- Consent to transportation of my child by an ambulance
- Undertake to inform the staff or any absence of my child from the service
- Accept full responsibility for my child's belongings whilst attending the service

Parent Signature:

Date

# CONSENT

## Photographic Consent

I give permission for my child to be photographed by staff members; I understand that these photos are for the service use only and may be used for promotional material for service.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I give permission for my child to be photographed and or videotaped in the event of media reportage	<input type="checkbox"/> YES <input type="checkbox"/> NO

## Sunscreen Consent

I give permission for my child to have a 30+ sunscreen applied as per the service's sun smart policy.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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## Policy and Philosophy Statement

I agree to abide by all policy and philosophy guidelines of the service.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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## DVD/Video Consent

I give permission for my child to watch a G rated DVD/Video whilst in attendance at the service. PG DVD/ Video's will only be show at the staff discretion	<input type="checkbox"/> YES <input type="checkbox"/> NO
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## Face Painting Consent

I give permission for my child to participate in face painting activities whilst in attendance at the service.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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## Parent/Guardian Signature

I certify that the information contained within this form is correct.	
Signature of Parent/Guardian: _____	Date: ____ / ____ / ____

## Privacy Notification

The Macleod college O.S.H.C uses the enrolment form to collect personal information for the purposes of service enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purpose only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct information on request, by contacting the program coordinator.
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