

MEDICAL / HEALTH CONDITIONS			MEDICAL / HEALTH CONDITIONS		
ANAPHYLAXIS			ANAPHYLAXIS		
Has your child been diagnosed at risk of Anaphylaxis by a doctor? If yes , please complete the additional information below	Yes	No	Has your child been diagnosed at risk of Anaphylaxis by a doctor? If yes , please complete the additional information below	Yes	No
Does your child have an auto injection devise (eg. Epi Pen)? (If yes, the auto injection devise is required at the program at all times. This is a legal requirement. In the case of anaphylaxis you will be provided with a copy of the service anaphylaxis management policy.)	Yes	No	Does your child have an auto injection devise (eg. Epi Pen)? (If yes, the auto injection devise is required at the program at all times. This is a legal requirement. In the case of anaphylaxis you will be provided with a copy of the service anaphylaxis management policy.)	Yes	No
Has the Program been provided with a <u>current</u> Anaphylaxis Action Management plan? (An individual medical management plan is required for your child signed by the doctor treating your child.) More information is available at www.education.vic.gov.au/anaphylaxis	Yes	No	Has the Program been provided with a <u>current</u> Anaphylaxis Action Management plan? (An individual medical management plan is required for your child signed by the doctor treating your child.) More information is available at www.education.vic.gov.au/anaphylaxis	Yes	No
Have risk management and communication plans been completed by the service in consultation with you?	Yes	No	Have risk management and communication plans been completed by the service in consultation with you?	Yes	No
ASTHMA			ASTHMA		
Has this child been diagnosed with Asthma by a doctor? (If yes, you must provide a current Asthma Management Plan signed by the medical practitioner treating your child.)	Yes	No	Has this child been diagnosed with Asthma by a doctor? (If yes, you must provide a current Asthma Management Plan signed by the medical practitioner treating your child.)	Yes	No
Have risk management and communication plans been completed by the service in consultation with you?	Yes	No	Have risk management and communication plans been completed by the service in consultation with you?	Yes	No
Does this child have any other medical conditions diagnosed by a doctor? For eg. Epilepsy, Diabetes If yes, what medical condition: If yes , please provide further details of condition and attach a current Medical Action Plan	Yes	No	Does this child have any other medical conditions diagnosed by a doctor? For eg. Epilepsy, Diabetes If yes, what medical condition: If yes , please provide further details of condition and attach a current Medical Action Plan	Yes	No
Does this child have any additional needs diagnosed by a medical practioner? For eg. ASD, ADD,ADHD If yes, please provide details:	Yes	No	Does this child have any additional needs diagnosed by a medical practioner? For eg. ASD, ADD, ADHD If yes, please provide details:	Yes	No
Does this child have any allergies or sensitivities diagnosed by a doctor? If yes , please provide details and treatment required.....	Yes	No	Does this child have any allergies or sensitivities diagnosed by a doctor? If yes , please provide details and treatment required.....	Yes	No
Does this child have any dietary requirements or restrictions or food intolerances? If yes, please provide prohibited food & information	Yes	No	Does this child have any dietary requirements or restrictions or food intolerances? If yes, please provide prohibited food & information	Yes	No
Is this child fully immunised?	Yes	No	Is this child fully immunised?	Yes	No

OFFICE USE ONLY			OFFICE USE ONLY		
Health record/s sighted?	Yes	No	Health record/s sighted?	Yes	No
Staff Member & Signature: _____			Staff Member & Signature: _____		
Position: _____			Position: _____		

DOCTOR'S INFORMATION

Name of Doctor: _____ Medical Service: _____

Address: _____

Phone Number: _____

Do you subscribe to an Ambulance Service? Yes No (Please Circle)

If yes, please state the Ambulance Subscription Number and Category _____

Private Health Cover Yes No (please circle) Private Health Fund Name: _____

Child (1) Medicare Number: _____ Child (2) Medicare Number: _____

Child (3) Medicare Number: _____ Child (4) Medicare Number: _____

CUSTODY DETAILS

If parents are separated or divorced does the child have contact with the other parent? YES NO N/A

Are there any relevant Court Orders, Parenting Orders or Parenting Plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child/ren or access to the child/ren? YES NO (Please Circle)

If yes, you **MUST** attach a copy of all relevant documentation & paperwork

Are there any other relevant court orders relating to the child/children's residence or the child/children's contact with a parent or other person? YES NO (Please Circle)

If yes, please provide all relevant documentation & paperwork

Have photographs and names of unauthorised people been attached to this form? YES NO (Please Circle)

CHILD CARE SUBSIDY

Child Care Subsidy (CCS) is a means tested subsidy and will be paid directly to the service to reduce fees families pay.

To claim Child Care Subsidy (CCS) families must meet eligibility requirements which include, undertaking paid work, self employment, unpaid work in a family business etc., residency requirements and immunisation requirements. If you haven't already, update your details through your Centrelink account on MyGov. If you don't have a MyGov account, you can create one and link Centrelink. You will need to provide a combined family income estimate, the hours of recognised activity and details about the type of care your child/children are in.

CHILD CARE SUBSIDY CHECKLIST (please tick)Have you completed the Child Care Subsidy assessment on the [myGov](#) website? YES NO

Have you received confirmation about your Child Care Subsidy? YES NO

PARENTAL/GUARDIAN PERMISSION

I give permission for my child/ren to wear nail polish at OSHC YES NO

I give permission for photos & video footage of my child/ren to be taken at OSHC & understand that the photos & footage is for the service use only & can be on display YES NO

I give permission for my child/ren to get their face painted at OSHC YES NO

I give permission for my child/ren to watch G & PG family/children movies at OSHC YES NO

I give permission for staff to supply my child/ren with sunscreen and insect repellent and if needed, help my child/ren apply it YES NO

I give permission for band-Aids to be applied when necessary YES NO

PARENT/GUARDIAN SIGNATURE: _____**PLEASE INDICATE BELOW THE REASON FOR REQUIRING CARE AT MANDAMA OSHC (Please circle)**

(to ensure compliance with the Priority of Access guidelines)

Working/Seeking Work	YES	NO	Social Care	YES	NO
Studying	YES	NO	Respite	YES	NO

BOOKING NEEDS

Please tick the days and type of care you need (am and/or pm)

What date would you like care to commence? _____

Please circle if you want your booking to be Permanent or Casual P C

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care (If Permanent)					
After School Care (If Permanent)					

MEDICAL / GENERAL DECLARATION

I/We _____ (Print full name/s)

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 OSHC Service in the event of any change to this information.
- Consent to the staff of the OSHC Service seeking medical treatment by a medical practitioner, hospital or ambulance service and agree to meet any expenses attached to such treatment.
- I undertake to inform the staff of any absence of my child/children.
- I acknowledge that my child/children will not attend the Program if suffering from an infectious or contagious disease.
- In the event that my child is injured or becomes ill during the Program I agree to collect or make arrangements for the collection of my child (an authorized person) as soon as possible.
- Acknowledge & understand that the OSHC staff do permit self administration of medication with staff supervision.
- If I am unable to collect my child/ren by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time & let the Coordinator know. I am aware that if my child has not been collected by closing time & I'm unable to be contacted, those persons nominated as authorised contacts will be called to collect my child
- I accept full responsibility for my child/children's belongings whilst at the Service.
- Agree that Mandama OSHC and staff are to be free and clear of all responsibility whatsoever for accident, illness, theft of clothing or valuables during my child/children's participation in the Program.
- Give permission for my child to travel on chartered/community bus, staff car or by foot for excursion purposes and go on local walks to playgrounds etc. accompanied by staff.
- I agree to abide by the OSHC Behaviour Guidance Policy. I fully understand that if my child continuously misbehaves and after behaviour guidance procedures have been followed I will be notified and my child may be removed from the program.
- Give permission for Mandama staff to remove my child from the service (Medical/excursions/routine outings)
- I understand and agree to abide by the Policy on the Payment of Fees. I agree to keep my fees up to date & understand that a late payment fee will be applied and my child's position will be put on hold if fees are not kept up to date.
- I understand that all permanent bookings are paid for even when my child is absent due to sickness or holidays.
- I understand and agree to abide by the Pick up Procedure Policy for my child/children.
- I understand and agree to abide by the General Policies of the Service.
- I understand that all Enrolment details are private and confidential. This information will be used for Program purposes only and will be accessible to OSHC staff and the Principal(s). I understand that I can access this information and correct any necessary details whenever I wish.

PARENT/GUARDIAN SIGNATURE _____**DATE** ____/____/____

ACTIVITIES & INTERESTS - GETTING TO KNOW YOUR CHILD

The Mandama OSHC Program aims to provide an environment that caters for children's interests, strengths, needs and abilities. Please fill in the details below to help ensure your child has their needs met whilst at the program

Name of Child:

Are there any activities that your child particularly enjoys or has a special interest in?

Are there any other special considerations the staff need to be aware of to ensure the participation of your child in all planned activities? E.g. Cultural/Religious.

Have you any behavioural/interaction concerns? E.g. Shy, slow to form friendships, may be aggressive.

Does your child have any dislikes, fears or concerns? E.g. Crowded situations, loud noises, strangers

What is a calming activity for your child?

What is your child's favourite activity at home?

Does your child have any problems with hearing, sight or speech?

Does your child have any physical disability or delay, including intellectual, sensory or physical impairment?

Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?

Is this the first time your child has been in care? If yes, please indicate the type of early education and care your child has experienced?

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PARENTS AND GUARDIANS - Do you want to me more involved?

The Mandama OSHC Program would love to hear from parents, guardians, grandparents, relatives, friends or anyone in our community who would like to be involved with the program.

We would love to hear from people who may:

Have a skill they can come & show or teach the children e.g. Artist, musician, dancer, carpenter, baker, chef etc

Come & talk to the children about their job/occupation e.g. Policeman, nurse, firefighter, doctor, builder, scientist etc

Like to share with the children something about their culture e.g. Cooking a signature dish, teaching a dance, reading a story.

Be able to share some life experiences & or personal challenges with the children e.g. Travelled overseas, grew up during the war, renovated a house or even jumped out of a plane.

Are able to help with maintenance e.g. Gardening

Name of Person who is able to contribute to the program: _____

They are able to get involved by: _____

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