

# Glen Katherine Primary School Outside School Hours Care Program – 2018 Registration Form

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A Parent or guardian who has lawful authority in relation to the child must complete this form. Licensed children's services may use this form to collect the child's enrolment information as required in regulations 31 to 35.

## Information about the Child (please fill out for each child separately)

Family Name: _____	Date of Birth: _____	Sex	M	F
Given Names: _____	Grade: _____			
Home Address: _____				
Language(s) spoken at home: _____				
Relevant Cultural Information eg foods, activities etc _____				
_____				

## Child's Medical Information:

Does your child have any special needs?	Yes	No
If yes please provide details of any special needs and any management procedure to be followed:		
_____		
_____		
Does your child have any allergies or sensitivity?	Yes	No
If yes please provide details of any allergies and any management procedure to be followed:		
_____		
_____		
Does your child have any other medical conditions? Eg asthma, diabetes etc	Yes	No
<b>Anaphylaxis</b>		
Has your child been diagnosed at risk of anaphylaxis?	Yes	No
If yes does your child have an auto injection device?	Yes	No
Has the anaphylaxis management plan been provided to the service?	Yes	No

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#### Information About the Child's Parents or Guardians

#### Details of Authorised People to Collect Your Child, and Other Persons to be Notified in an Emergency:

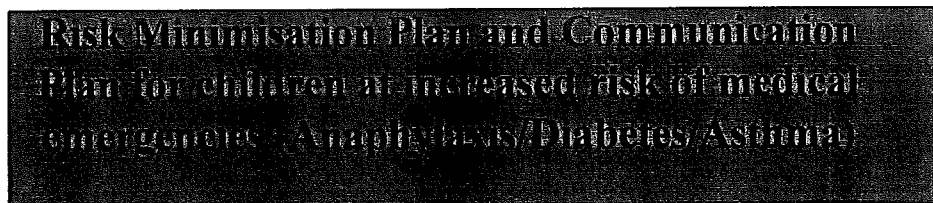
Mother/Guardian	Father/Guardian
Name:	Name:
Address: - as per child or:	Address: as per child or:
Telephone: (H) (M) (W)	Telephone: (H) (M) (W)
Does the child live with the mother?  Yes                      No	Does the child live with the father?  Yes                      No

Your consent is required for other people to collect the child from the service on your behalf. Below, please list the details of people you have authorised to collect your child/ren. In the event that the child/ren is not collected from the service and the parents/guardians cannot be contacted, the list will also be used to arrange for someone to collect the child. There also may be times when the child has an accident, trauma or illness and the parents/guardians cannot be contacted, please indicate if these nominated people are authorised by you to collect and care for the child after an accident, injury or trauma.

Name:	Name:
Address:	Address:
Telephone: (H) (M)                                      (W)	Telephone: (H) (M)                                      (W)
Relationship to Child:	Relationship to child:
Able to collect after an accident:    Y    N	Able to collect after an accident:    Y    N



Glen Katherine PS  
OSHC



The following procedures have been developed in consultation with the parent/guardian and implemented to help protect the child identified as at high risk for a medical emergency:

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

In relation to the child diagnosed at risk of:	Who is Responsible	Risk Management Strategies
Current Medical Management Plan, identifying known allergens / triggers has been provided.	Parent/guardian	Action Plan provided before attendance
Parents/guardians are aware that the child is unable to attend the program without their prescribed medication.	Parent/guardian	Ensure medication is at the service
Parent/guardian is informed that OSHC provide an auto injection device and the child's device which is kept at school will be used as the back up.	Educators	Inform parents
The prescribed medication expiry date has been checked at enrolment.	Parents	Expiry Date.....
The OSHC's epi pen & ventolin expiry dates have been checked. Medication is checked every term for expiry dates.	Educators	Exp epi pen 1..... Exp epi pen 2..... Exp ventolin.....
In cases where the child has a severe food allergy, all food for this child will be checked and approved by the child's parent/guardian.	Educators	Where different food is offered, educators to seek approval from parent/guardian
During vacation care, when children provide their own food, it may be necessary to separate the child from others who may be consuming food or drink containing or potentially containing the allergen.	Child/Educator	Ensure child is safe from allergens while maintaining a social environment at all times. Hand washing before and after eating. Tables sanitised.
Parents/guardians are aware that every child attending the service with a medical management plan will have a current Action Plan and identifying photo displayed in the OSHC office and that all educators will be aware of this condition.	Parents/guardians/ Educators	The children's safety overrides privacy law, action plan with photo will be displayed
Supervision will be increased for children at risk of a severe allergic reaction at certain times, eg incursions and excursions, cooking activities and sport activities.	Educators	Children to be monitored at a higher level when risk is increased
Ensure tables and bench tops are sanitised before and after eating if consuming food inside.	Educators	Educators to follow standard hygiene practices
Some food, boxes, packaging, cooking, crafts and experiences may be restricted depending on the allergens/triggers of the children attending the service at the time.	Educators	Where necessary and practical, allergens and triggers will be removed from the service

**Medical And General Declaration:**

I, the undersigned approve of the registration and agree to abide by the policies and procedures of the Outside School Hours Care (OSHC) Program and meet any costs incurred. I authorise the coordinator/assistant coordinator, in the event of any unforeseen accident or illness, to obtain such medical assistance as is required and agree to meet any expenses attached to such treatment.

I also accept full responsibility for my child's belongings whilst attending the program. 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.

I undertake to inform the staff of any absence of my child. I acknowledge that I will be charged if I fail to cancel within the policy guidelines. I will not send my child to the program if he/she is suffering from an infectious or contagious disease. In the event that my child is injured or becomes ill during the program, either myself or an authorised person shall collect my child as soon as possible.

I understand that all registration details are private and confidential. This information will be used for program purposes only and will be accessible to OSHC staff, committee of management, the school business manager and the Principal. I understand that I can access this information and correct any details whenever I wish.

I allow my child to watch PG rated movies provided by the OSHC staff, and trust their judgement as to what movies may be deemed appropriate for each age group.

I allow my child to be photographed by staff members at the OSHC Program. I understand the photos will only be used within the program and on the school website.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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