OUTSIDE SCHOOL HOURS CARE STUDENT RE-ENROLMENT FORM 2018

STUDENT DETAILS:

Students Name	
Residential Address	
Current Class Level	

PARENT/GUARDIAN (1) DETAILS:

Title	Mr.	Mrs.	Miss	Ms.	Dr.
Name					
Date of Birth					
Individual Reference Number (CRN)					
Medicare Number					
Name of Private Health Insurer		Policy Number			
Country of birth					
Residential Address					
Home Phone Number					
Mobile Phone Number					
Email Address					
Occupation					
Employment Status	Full Time	Part Time	Self Employed	Unemployed	
Employer					
Employers Address					
Work Phone Number					

PARENT/GUARDIAN 2 DETAILS:

Title	Mr.	Mrs.	Miss	Ms.	Dr.
Name					
Date of Birth					
Individual Reference Number (CRN)					
Medicare Number					
Name of Private Health Insurer		Policy Number			
Country of birth					
Residential Address					
Home Phone Number					
Mobile Phone Number					
Email Address					
Occupation					
Employment Status	Full Time	Part Time	Self Employed	Unemployed	
Employer					
Employers Address					
Work Phone Number					

SHARED CARE ARRANGEMENTS (if applicable):

Name of the other Parent/Guardian/Person Responsible:
Days/times when child is in the care of the other Parent/Guardian/Person Responsible:
Residential address for child when in the care of the other Parent/Guardian/Person Responsible:
Contact phone numbers for the Parent/Guardian/Person Responsible:

AUTHORISED NOMINEE/ EMERGENCY CONTACTS
(See section 170(5) of the Law and sections 160, 161, 102 and 99 of the Regulations).

Authorised Nominee/Emergency Contact (1):

Full Name:		Relationship to child:	
Contact Phone Numbers:	Home:	Work:	Mobile:
Residential Address:			
This person is authorised to carry out the following responsibilities for my child (please circle appropriate authorities):	Consent to medical treatment/authorise administration of medication.	Authorise an educator to take the child outside the education and care services premises.	Deliver or collect the child to/from the education and care Service and authorisation for Qikkids Kiosk.
Signature of authorised person:			

Authorised Nominee/Emergency Contact (2):

Full Name:		Relationship to child:	
Contact Phone Numbers:	Home:	Work:	Mobile:
Residential Address:			
This person is authorised to carry out the following responsibilities for my child (please circle appropriate authorities):	Consent to medical treatment/authorise administration of medication.	Authorise an educator to take the child outside the education and care services premises.	Deliver or collect the child to/from the education and care Service and authorisation for Qikkids Kiosk.
Signature of authorised person:			

MEDICAL INFORMATION:

Please describe your child's overall health:		
Please provide details for the following, including medications (prescribed and/or non-prescribed)		
Does your child have Asthma?	YES	NO
Is there a current Asthma Health Plan in place ?	YES	NO
What medications (if any) dose your child currently take and at what dosages to manage this condition?		
What are the known triggers for your child's Asthma (if any):		
Does your child have Anaphylaxis?	YES	NO
Is there a current Anaphylaxis Health Plan in place ?	YES	NO
What medications (if any) does your child currently take and at what dosages to manage this condition?		
What are the known triggers for your child's Anaphylaxis (if any):		

Does your child have Diabetes?	YES	NO
Is there a current Diabetes Health Plan in place ?	YES	NO
What medications (if any) does your child currently take and at what dosages to manage this condition?		
Does your child take prescribed medication on a regular basis?	YES	NO
If you answered “yes” to the above question, please provide details:		

PERMISSION TO ADMINISTER PANADOL:

In the event that my child develops a high temperature, I agree that if staff are unable to contact me in this situation, staff can administer Panadol to lower the temperature.

Parent/Guardian Name	
Signature	
Date	

FURTHER CONSIDERATIONS:

Does your child have any dietary restrictions?	YES	NO
If you answered “yes” to the above question, please provide details:		
Has there been a change in family circumstances or any other information about your child that may impact upon their time in care:	YES	NO
If you answered “yes” to the above question, please provide details:		
Are there any custody or access arrangements for your child?	YES	NO
If you answered yes to the above question, please provide details for these arrangements:		

Note: *Please provide a true copy of the original Custody Orders, Parenting Orders or Parenting Plans and attached to this form.*

Also, it is important to note that if the Custody Orders, Parenting Orders or Plans change, an updated copy must be provided to Service as soon as possible following the changes.

EXCURSIONS:

As part of the Outside School Hours Care Program offered to the participants at Rockhampton Girls Grammar School, they will be making regular visits, throughout the year to various locations within the school grounds as well as venturing out into our local community. These regular outing will not require any additional adult supervision and will be undertaken in compliance with the Education and Care Services Regulations, Act and Service Policies.

- I agree that my child shall be subject to the supervision of staff members in charge of the regular outing.
- I consent to my child receiving medical/surgical treatment or ambulance transport if deemed necessary by the staff member in charge of the outing.

- I understand that on the day of these types of outing there will be a form that I will be required to sign next to the attendance book notifying parents that children will be going on a routine outing, the address and the expected time of departure and how long we will be away from the service.

- I understand that excursions requiring transportation will require individual parent permission forms to be signed prior to the excursion taking place and that staff will notify me prior to these excursions taking place to obtain my permission.

Parent/Guardian Name	
Signature	
Date	