



Largs Bay School

**OSHC ENROLMENT
PACK**

Largs Bay School
OSHC/ Vacation Care
Enrolment Form 2023



Child's Name	Date of Birth	Gender	Class Teacher/Rm No.	CRN (Essential for CCS)

Enrolling Parent Name	Date of Birth	Gender	CRN (Essential for CCS)

Enrolling Parent / Guardian 1 Information (Account Holder)

Name: Relationship to Child: D.O.B:
 Address: Post Code:
 Home Phone: Mobile Phone: Work:
 Name and Address of Workplace:
 Email Address:

Parent / Guardian 2 Details

Name: Relationship to Child:
 Address (if different to above): Post Code:
 Home Phone: Mobile Phone: Work:
 Name and Address of Workplace:

Custody / Court Details

If parents are separated/ divorced: Does child have contact with both parents? Yes No
 Is anyone legally denied access to the child? Yes No

*** If there are court orders in place or any legal documentations relating to the custody of the child/ren please provide a copy of this information with your enrolment.*

Child and Family Information

Indigenous Status: Aboriginal Yes No Torres Strait Islander Yes No

Languages spoken other than English:

Emergency Contacts (if parents are un-contactable) and Collection Authority

Additional Contact 1		
Name:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Relationship to Child:
Address:		Postcode:
Home Phone:	Work Phone:	Mobile Phone:
Name and address of workplace:		

Additional Contact 2		
Name:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Relationship to Child:
Address:		Postcode:
Home Phone:	Work Phone:	Mobile Phone:
Name and address of workplace:		

Other adults authorised to collect child:		
1	Name:	Relationship to child:
2	Name:	Relationship to child:

Medical Information

All medical information must be updated annually. It is the responsibility of the Enrolling parent to provide accurate and up to date medical information.

Child's Name:	Type/Please Specify	
Allergies (Additional forms required) <input type="checkbox"/> Yes <input type="checkbox"/> No		Please provide an action plan
Disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No		Please contact the Service Director and provide relevant information.
Emotional/ Behavioural Problems <input type="checkbox"/> Yes <input type="checkbox"/> No		Please provide an action plan
Special Diet <input type="checkbox"/> Yes <input type="checkbox"/> No		Please provide an action plan
Asthma and use of puffers (Additional forms required) <input type="checkbox"/> Yes <input type="checkbox"/> No		Please provide an action plan
Medications (Additional forms required) <input type="checkbox"/> Yes <input type="checkbox"/> No		Please provide an action plan
Other Medical <input type="checkbox"/> Yes <input type="checkbox"/> No		Please provide an action plan
Cultural/ Religious Requirements <input type="checkbox"/> Yes <input type="checkbox"/> No		Please provide an action plan
Immunisations up to date? (Please supply a copy of immunisation records) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Does your child require additional health support or first aid? (e.g. support with medication management, continence care, psychological issues)

If yes, the Service will need a health care plan from the treating doctor/ health care professional.

Ambulance Cover? Yes No Child's Doctor: Phone:

Parent Declaration

I understand that:

- I agree to pay the required fee for my child's booked OSHC/Vacation Care hours and accept the policies, procedures, and rules of the service.
- A current notice from Family Assistance Office stating eligibility for childcare benefits is required, or the standard fee will apply.
- Each child must be signed in and out each session on the Attendance Sheet.

If an illness or accident occurs, the parent will be contacted as soon as possible. However, in the event of my child requiring urgent medical treatment, I authorise the care providers and staff

- To obtain appropriate medical assistance and agree to pay all medical and transport costs incurred on behalf of my child.

We endeavour to keep the Largs Bay School OSHC/Vacation Care a happy and safe environment for children. To do so we ask that children in our care adhere to our behavioural rules. Children who frequently exhibit unacceptable behaviour may be excluded from the program.

- The supervision and care of children is strictly limited to the hours care is provided. See handbook for operating hours.
- The OSHC/Vacation Care service must be notified if my child/ren are to be collected by someone that is not nominated.
- Cancellation or changes to permanent/casual bookings require 3 days notice to be given.
- The OSHC/Vacation Care Service will refuse a child/ren access to the service based on outstanding accounts longer than 2 weeks.
- I will notify the service of any changes to details such as parent contact info, medical, custody arrangements etc.
- I hereby acknowledge and agree that the OSHC is entitled to undertake all and any necessary enquiries, investigations and assessments to ensure the accuracy of the information provided above: and further, that such information as verified, may be used by the OSHC and any authorised agent, employee, or subcontractor engaged by the OSHC for the purpose of reviewing, vetting, monitoring, and if necessary, actioning the applicants use and performance in the operation of the account/ credit facility, including recovery of any outstanding account balance.

I certify that I have read and agree to adhere to the policies, guidelines and rules regarding Largs Bay School OSHC.

Print Name:

Signature:

Date:

Consents

I consent for my child to take part in supervised walking excursions within the local area as part of the Centres After School Care program.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child to participate in Vacation Care excursions and travel by school bus and/or public transport.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent for my child to be photographed/ filmed and for this media and their name to be published/displayed internally (such as OSHC displays/ newsletters) and externally such as the school website/ social media platforms	Internal use: <input type="checkbox"/> Yes <input type="checkbox"/> No External use: <input type="checkbox"/> Yes <input type="checkbox"/> No
I consent for OSHC staff to apply sunblock to my child if required.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent for OSHC staff to apply insect repellent to my child if required.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give consent for OSHC staff to apply basic first aid to my child if necessary. In the event of a medical emergency, OSHC staff will call an ambulance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent for my child to watch G/ PG-rated movies/videos/DVDs in OSHC/Vacation Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent to my child taking part in face painting and hair activities at the discretion of the Director.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent for OSHC educators to check my child for head lice if required. (I understand that if head lice is suspected I will be contacted to pick up my child)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give consent for my child to use the OSHC iPad's and their own chrome books (supervised) during technology time.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Care under the supervision of staff at the centre

I consent for my child to utilise the facilities at Largs Bay School, including playgrounds, outside courts, ovals etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent for OSHC educators to administer simple first aid to my child if the need arises.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent for an OSHC educator to give my child assistance to change soiled/wet clothing if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is there anything more we need to know?

E.g Any personal, religious, or cultural practices/ prohibitions that you would like the service to know or comments on homework/ behaviour management etc.

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Largs Bay School OSHC – Communication Plan

Regulation 90



Child's name: _____ Child's date of birth: ____/____/____

Medical condition/ health requirements: _____

Plan prepared by: _____
(Name and signature of parent) (Name and signature of OSHC Director)

WHO TO CALL: The service will follow the steps outlined in the medical management action plan, if the child does not respond, please nominate in order who will be the best person/s to contact.

Parent / Guardian Contact (1)	Parent / Guardian Contact (2)
Name:	Name:
Relationship to child:	Relationship to child:
Home phone:	Home phone:
Work phone:	Work phone:
Mobile phone:	Mobile phone:

Priority Contact 3	Medical Practitioner contact
Name:	Name:
Relationship to child:	Phone:
Home phone:	
Work phone:	
Mobile phone:	

Communication Plan Checklist

Actions to be completed by service	Checked	Actions to be completed by family	Checked
Nominated supervisor/ service Directors will ensure that all educators, staff and volunteers understand the medical conditions for this child		Medical management action plans are correct and current to ensure the correct information is provided to the service	
Medical management action plan is fully completed and visible for educators at high risk areas		If the medical condition is food related, family have talked with the service supervisor/ service Directors about their child's requirements and menu alternatives	
The risk minimisation plan is developed and completed with nominated supervisor/ service Directors and family		The risk minimisation has been developed in consultation with family and service	
The nominated supervisor/ service Directors will communicate with educators any changes to medical condition		Any changes to their child's medical condition will be communicated immediately to nominated supervisor/ service Directors	
Medication is stored out of reach of children, but in a recognisable, known location to educators Medication will be checked to ensure it meets policy requirements		All medications required will be always on premises when child is in attendance Medication will be prescribed by a doctor, in date and clearly labelled	
Nominated supervisor/ service Directors will communicate the attendance patterns and any changes to educators		Family will ensure that changes of attendances and absences are notified to service	
The nominated supervisor/ service Directors will ensure the medical management action plan, risk minimisation plan and communication plan are reviewed annually, or when changes are identified		The medical management action plan, risk minimisation plan and communication plan will be reviewed annually or when changes are identified	

I _____ have completed and discussed the details of the risk minimisation and communication plan for
 (Name of parent/ guardian)

_____ with _____ on ____/____/____.
 (Name of child) (Name of OSHC Director)

I also give permission for this information to be shared and viewed by all staff and educators of Largs Bay School OSHC to ensure awareness of my child's medical conditions/ health requirements and the risks involved.

This plan will be reviewed annually or when change is identified. The next planned review date is ____/____/____.

_____ (Parent/ guardian signature)

Medical Condition Risk Minimisation Plan

Regulation 90 – Last Updated October 2022

LARGS BAY OSHC

To be completed by the parent / guardian in conjunction with the OSHC Leadership

Regulation 90 of the Education and Care Services National Regulations requires a risk-minimisation plan for the management of medical conditions for children in care. The term medical conditions include, but is not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. The risk management plan should be developed through consultation between the parents/guardians of the child and the childcare service.

Child's full name: _____

Date of Birth: ____/____/____ Age _____

Details of medical condition / health requirements: _____

A medical management plan is required for children who suffer from asthma, diabetes or have been diagnosed at risk of anaphylaxis. A medical management plan may also be required for other health conditions.

Has a medical management plan been submitted for this condition? Y N

Predominant known triggers for the medical condition and potential reaction/s

Trigger

Reaction

Medical Condition Risk Minimisation Plan

Regulation 90 – Last Updated October 2022

LARGS BAY OSHC

Frequency of symptoms / reactions

How often does your child display symptoms of suffer from reactions of the medical condition?

- | | |
|--|--|
| <input type="checkbox"/> Infrequent (5 or less per year) | <input type="checkbox"/> Occasionally (6 or more per year) |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Daily | <input type="checkbox"/> When exercising |

How do you as a parent / guardian recognise the symptoms / reactions?

Is your child always able to recognise the symptoms / reactions? Y N

Details: _____

Medication

Does your child require medication to treat the medical condition? Y N

Details: _____

Will your child require medication whilst in care? Y N

If yes, a Medication Authorisation Form must be completed

Is your child permitted to self-medicate? Y N

The circumstances under which the medication required is to be administered to your child whilst in care:

- | | |
|---|--|
| <input type="checkbox"/> As detailed in the management plan | <input type="checkbox"/> As per medication label / Doctor instructions |
| <input type="checkbox"/> Other (supply details) | |

Medical Condition Risk Minimisation Plan



Child's name: _____ Child's date of birth: ____/____/____

Medical condition: _____

Plan prepared by: _____

(Name and signature of parent)

(Name and signature of OSHC Director)

*How can we minimise the risks relating to your child's health care needs / medical condition and what strategies can we implement to avoid triggers?

Risk: Allergen/s/condition and potential reactions	Times for potential risk	Strategies to minimise the risk	Responsibility

Medical Condition Risk Minimisation Plan



Risk: Allergen/s/condition and potential reactions	Times for potential risk	Strategies to minimise the risk	Responsibility

Largs Bay School OSHC

After School Sport/ Activity

Consent Form 2023



Your permission is required for Largs Bay OSHC staff to sign your child/ren out of the service to attend sport, music or other extracurricular activities in the morning or afternoon.

Please complete the following form regarding your child/ren activities and return to the OSHC office.

Child/ren's name:	
Type of Activity:	
Date(s) of Activity:	
Time of Activity:	
Location of Activity:	
Name of person responsible for child/ren whilst undertaking activity:	

Please indicate one of the following by ticking relevant box:

1. **Yes**, my child will need to be collected and come back to OSHC after activity at _____am/pm.
2. **No**, my child will be picked up from activity by parent/ guardian and will not need to return to OSHC after activity.

Parent/ caregiver name: _____

Contact Number: _____

Signature: _____

Date: ____ / ____ / ____

Office Use Only:	
Entered by:	
Added to Term notice board:	

Term Booking Form 2023

Child Name : _____ Teacher/Rm No. 2023: _____

Child Name : _____ Teacher/Rm No. 2023: _____

Child Name : _____ Teacher/Rm No. 2023: _____

Child Name : _____ Teacher/Rm No. 2023: _____

Please indicate your required OSHC bookings **Permanent Full Year** or **Term Booking Only**

For all casual bookings please contact the OSHC office via email – oshc.largsbay966@schools.sa.edu.au or phone – 0401 121 073.

Please note casual bookings are subject to vacancies.

Before School Care	Monday	Tuesday	Wednesday	Thursday	Friday
7:05am – 8:50am					
Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4 <input type="checkbox"/> Specific Dates: From: / / Until: / /					

After School Care	Monday	Tuesday	Wednesday	Thursday	Friday
3:00pm – 6:00pm					
Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4 <input type="checkbox"/> Specific Dates: From: / / Until: / /					

Parent/Guardian

Name:

Signed:

Date:

Your child will be required to wear a red Largs Bay OSHC broad brimmed hat which will be supplied at your child's first attendance to the service.

Once lost/misplaced a replacement hat will then be required and a \$10.00 fee will be charged to your account to cover the purchase of a new hat.

If your child requires a new hat or a replacement hat please advise below.

New Hat

Replacement Hat

Office Use Only

1. CRN	
2. DOB	
3. Bookings	
4. Class	
5. Email Address	
6. OSHC Medical Plan received	