

Other person to be notified in Emergency Situations – THIS SECTION MUST BE FILLED IN

There are many times when the child has an accident injury trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children’s service should notify one of the following people who are authorized to consent to medical treatment or to authorise administration of medication or to authorise the educator to take the child outside the education and care service.

Name:	Name:
Address:	Address:
Telephone/s (H) (w) (Mobile)	Telephone/s (H) (w) (Mobile)
Relationship to child	Relationship to child

Child Booking Hours Required

	Days Required						
	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Hours Start	Am	Am	Am	Am	Am	Am	Am
End	Pm	Pm	Pm	Pm	Pm	Pm	Pm

Days and hours the child booking with other childcare service

Mon: hours **Tue** hours **Wed** hours **Thur** hours **Fri** hours **Sat** hours

Court orders relating to the child (confidential)

Are there any court orders relating to the powers and responsibility of the parents in relation to the child or access to the child?
 No Go to next section Yes Please complete the following:

1. Bring the original court orders for the staff to see and a copy to attach to this enrolment form
2. If these orders:
 - a) Change the powers of a parent/guardian to:
 - Authorized the taking of the child outside the service by a staff member of the service;
 - Consent to the medical treatment of the child;
 - Request or permit the administration of medication to the child;
 - Collect the child, AND/OR

b) Give these powers to someone else,
 Please describe these changes and provide the contact details of any person given these powers:

Authorised Nominee to Collect the Child from the children’s service

Your consent is required for other people to collect the child from the education and care service on your behalf. Please list the details of those people who can collect the child in the table below. In the event that the child is not collected from the service and the parents or guardian cannot be contacted, this list will also be used to arrange someone to collect the child.

Details of Authorised Nominee who can collect the child (This list may be added to or change throughout the year)

Name:	Name:
Address:	Address:
Telephone/s (H) (w) (Mobile)	Telephone/s (H) (w) (Mobile)

Routine Excursion Authorisation

I (Full Name) _____ Parent/Guardian of (Children's Full Name)

_____ Hereby give permission for my child to participate in Routine Excursions' as arranged by the Educator. This permission is effective for the period ____/____/____/ to ____/____/____ (Permission covers a 12 month period from enrolment date).

If I do not allow my child to participate in a routine excursion on any one day I agree to make alternate care arrangements for my child.

I agree to the provision of any medical treatment that may be required whilst on the excursion under the direction of educator. I give permission for an ambulance to be called should the need arise. My child will be given into the care of emergency services (Ambulance personnel) if they require medical, hospital or ambulance care or treatment. Parents will be notified immediately of any incidents whilst in care.

Signed _____ Date _____

Child's medical and health information (*confidential*)

Name of Doctor/Medical Service.....Telephone.....

Address of Doctor/Medical Service.....

*Maternal and Child Health (MCH) Centre:.....

*Medical Number.....Expiry Date:.....

Ambulance Subscription :.....(if applicable) Expiry Date.....

Has the child had their 3 1/2 Year old assessment? No/Yes (please tick)

If yes, provide details by attaching a copy of the 3 1/2 year assessment from the Child health record book.

Does the child have an allergy or sensitivity? (including whether the child has been diagnosed as at risk of anaphylaxis) No Yes (Please tick)

If yes, the following management procedure are to be followed (or a copy of the management plan is attached):

Does the child have any medical conditions and needs? (e.g. Asthma, epilepsy, diabetes, etc) which are relevant to the Children's service? No yes (please check)

If yes, the following management procedure are to be followed (or a copy of the management plan is attached):

Does the child have any dietary restrictions? No yes (please check)

If yes, the following restrictions apply:.....

Childs immunization Record

Has the child bee immunized? No yes (please check)

If yes, provide the details by:

- Attaching a copy of the immunization Record from the Child Health Record book OR
- Attaching a copy of the immunization Record print out from local government OR
- Attaching the Child history statement from the Australian childhood immunization register

You may have also purchased additional immunizations for the child. If so, provide the dates these have been given

Hepatitis B (three injections)	1	2	3
Childhood Pneumococcal Vaccine			
Chicken Pox			

CONFIDENTIAL

***Other information**

If there is anything else that the children's service should know about the child(eg excessive fears, favourite activities, attending any other early child hood services or early intervention service, etc) this is as follows:

.....

.....

.....

Declaration and consent to emergency medical treatment

I,.....(Print full name)	
A person with lawful authority of the child referred to in this enrolment from,	
Declare that the information in this enrolment form is true and correct under take and undertake to immediately Inform the children's service in the event of any changes to this information;	
Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell at the service;	
Consent to the staff of the children's service seeking, or where appropriate administering, such emergency Medical treatment and transportation of the child by an ambulance service is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.	
.....
Signature	Date

<p>Lawful Authority</p> <p>Parents</p> <p>All Parents have powers and responsibility in relation to their children that can only be changed by a court order. It is not affected by the relationship between parents, such as whether or not they have lived together or are married.</p> <p>A court order, such as under the family law act, may take away the authority of a parent to do something, or may give it to another person.</p> <p>Guardians</p> <p>A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" covers situations where the child does not live with his or her parents. The guardian is the person the child lives with who has day-to-day care and control of the child.</p>

Proprietors are reminded of their requirements to comply with the information Privacy Act 2000, which requires a privacy collection statement to accompany any enrolment form.

Signed by: _____ **Mother's Name:** _____ **Date:** _____

Signed by: _____ **Father's Name:** _____ **Date:** _____

OR

Signed by: _____ **Guardian's Name:** _____ **Date:** _____