

Seacliff Primary School OSHC- Enrolment Form 2022

Seacliff Primary School – Barwell Avenue, Seacliff 5049 – ABN 82 568 280 442

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SEACLIFF
Primary School

CHILD DETAILS

Family Name:.....First Name:.....

Known as:..... Gender:

Date of Birth:...../...../..... CRN:.....

Address:.....

Primary Language:.....

Indigenous Status: Indigenous:.....TS Islander:

ELIGIBLE PARENT/GUARDIAN & ACCOUNT HOLDER

Name:..... Contact Priority:.....

Relationship to child:

Date of Birth:...../...../..... CRN:.....

Home Address:.....

Work Address:.....

Phone: (h).....(w).....(m).....

Email address for Accounts:.....

OTHER PARENT/GUARDIAN (if applicable)

Name:..... Contact Priority:.....

Relationship to child:

Home Address:.....

Work Address:.....

Phone: (h).....(w).....(m).....

Email:.....

EMERGENCY CONTACTS & COLLECTION AUTHORITIES (in addition to parents/guardians)

In nominating these people, you give them authority to act on the child/ren's behalf if neither parent/guardian can be located, to pick up child in an emergency, or authorise medical care

Person 1

Name: Contact Priority:

Relationship to Child:

Home Address:

Phone: (h).....(w).....(m).....

Person 2

Name: Contact Priority:

Relationship to Child:

Home Address:

Phone: (h).....(w).....(m).....

Collection Authorities ONLY

Approval only to collect the child and should NOT be contacted in case of an emergency

Person 1

Name:

Relationship to Child:

Phone: (h).....(w).....(m).....

Person 2

Name:

Relationship to Child:

Phone: (h).....(w).....(m).....

MEDICAL AND HEALTH INFORMATION

Has your child/ren received all immunisations appropriate for their age?.....

If no, please give details:

I accept full responsibility if my child/ren is/are not immunised:

Parent/Guardian signature

Has the child any conditions/medications that may be effected by OSHC activities?

If yes, please give specifics and related medication:.....

.....

Has the child any disabilities?.....

If yes, please record specifics:.....

.....

Has the child any special needs?.....

If yes, please record specifics:.....

.....

Does the child usually require special aids. (e.g. glasses, hearing aid)?.....

If yes, please record specifics:.....

.....

Has the child any special dietary needs not related to allergies?.....

If yes, please record specifics:.....

.....

Has the child had any allergic reactions or food intolerances?.....

Foods:

Reaction / Medication:

.....

Penicillin:

Reaction / Medication:

.....

Others:

Reaction / Medication:

.....

Is there any other medical information we might need to know?

.....

DIAGNOSED HEALTH CARE NEEDS

National Regulation (90) – CHILDREN CANNOT ATTEND OUR SERVICE until we have received the following:

1. Up-to-date Medical Management Plan (eg Asthma, Anaphylaxis, Allergic Reactions)
2. Medical Conditions Risk Minimisation Plan and Communication Plan
3. Prescribed medication and Medication Authority Form (forms available from OSHC or school website)

National Regulation (95) Note: All medication must be in their original containers bearing the original label with the name of the child to whom the medication is to be administered

IS THERE ANYTHING MORE WE NEED TO KNOW?

Is there any other information we need to know? Eg:- any personal, religious or cultural practices/prohibitions. Comments on homework or behaviour management. Additional information about your child/family which would be helpful for us to know?

.....

PARENTING PLANS / ORDERS relating to this child

.....

BOOKINGS**BEFORE SCHOOL**

Monday	Tuesday	Wednesday	Thursday	Friday

From:/...../..... Until:...../...../..... or Ongoing:.....

AFTER SCHOOL

Monday	Tuesday	Wednesday	Thursday	Friday

From:/...../..... Until:...../...../..... or Ongoing:.....

CONSENTS

Please initial next to each item to which you consent

- I give consent for my child to be transported by ambulance in the event of an emergency
- I give consent for a blood transfusion in the case of an emergency
- I give consent for my child to watch PG rated movies and play/watch PG rated games while at OSHC under the supervision of a staff member
- I give consent for my child to be photographed/video-taped and for their image to be displayed on Seacliff Primary's website and newsletter that is made available to the school community
- I give consent for my child to be photographed/video-taped and for their image to be displayed within the OSHC room and used for documentation
- I give consent to OSHC to provide my child with sunscreen when the UV index is rated 3 or higher

