

KHARISMA KIDS OSHC ENROLMENT FORM

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority can be found on page 1 of the Family Information Enrolment Form.

CHILD'S INFORMATION

| | | | | | |
|---|--|---|--|---|--|
| Surname _____ | | Date of Birth _____ | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Given Name _____ | | Preferred Name _____ | | | |
| Country of Birth _____ | | Cultural Background _____ | | School Attending _____ | |
| Home Address _____ | | | | Post Code _____ | |
| Does this child have their own a Health Care Card? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| Child's CRN _____ (if you do not know this, please call the Department of Human Services on 13 61 50 to obtain it) | | | | | |
| Is the child of Aboriginal or Torres Strait Islander origin? No <input type="checkbox"/> | | Aboriginal: Yes <input type="checkbox"/> | | Torres Strait Islander: Yes <input type="checkbox"/> | |
| Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Does the child reside with a family member that has a disability that has been diagnosed by a professional who is authorised to diagnose such a disability? | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

CHILD'S STATUS IN THE FAMILY

| | |
|---|--|
| How many children in the family? _____ | |
| Is this child:- Eldest child <input type="checkbox"/> Middle Child/Children <input type="checkbox"/> Youngest Child <input type="checkbox"/> | |
| Do any attend another approved service? If so how many? _____ | |

MEDICAL AND IMMUNISATION

| | | | |
|----------------------------------|--|--|---|
| Does this child have:- | | Does this child require:- | |
| Sight problems? | No <input type="checkbox"/> Yes <input type="checkbox"/> | A Special Diet due to:- | Medical reasons No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Hearing problems? | No <input type="checkbox"/> Yes <input type="checkbox"/> | | Other reasons No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Speech Difficulties? | No <input type="checkbox"/> Yes <input type="checkbox"/> | Any routine medication or treatment to be administered? | |
| Epilepsy? | No <input type="checkbox"/> Yes <input type="checkbox"/> | (both at home and/or at the service) No <input type="checkbox"/> Yes <input type="checkbox"/> | |
| A physical disability? | No <input type="checkbox"/> Yes <input type="checkbox"/> | Has this child:- | |
| A learning disability? | No <input type="checkbox"/> Yes <input type="checkbox"/> | Had a serious accident, illness or operation? | |
| A behavioural disorder? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> | |
| Diabetes? | No <input type="checkbox"/> Yes <input type="checkbox"/> | Does this child have:- | |
| ADHD/ ADD/ ODD | No <input type="checkbox"/> Yes <input type="checkbox"/> | Any special requirements due to religious beliefs? | |
| Any other medical condition? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> | |
| Any other special considerations | No <input type="checkbox"/> Yes <input type="checkbox"/> | | |

If you answered YES to any of the above please give further details on how to manage the condition

If you require more room please attach another sheet

Does this child have:

Anaphylaxis

- | | |
|--|--|
| Has this child been diagnosed at risk of anaphylaxis? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Does this child have an auto injection device (eg EpiPen/Anapen)? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Has the anaphylaxis medical management plan been provided to the service? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| A risk management plan needs to completed by the service in consultation with you? | Completed <input type="checkbox"/> Office Use Only |

Asthma

- | | |
|--|--|
| Has this child been diagnosed with asthma? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Does this child carry Ventolin and or a spacer with them? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Has a asthma medical management plan been provided to the service? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| A risk management plan needs to completed by the service in consultation with you? | Completed <input type="checkbox"/> Office Use Only |

Allergies

- | | |
|--|--|
| Has this child been diagnosed with allergies? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Does this child need medication for those allergies | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| A risk management plan needs to completed by the service in consultation with you? | Completed <input type="checkbox"/> Office Use Only |

IMMUNISATION ~ Does your child have a child health record? No Yes
 Has your child been immunised? No Yes

PLEASE PROVIDE A COPY OF YOUR CHILD'S IMMUNISATION RECORD (Available from <http://www.humanservices.gov.au>)
 Child health record means a record that documents a child's health and development assessments and immunisations.

Office Use Only
 Name of the OSHC staff member who has sighted the child's health record _____

If your child has not been immunised, are they exempt? No Yes If yes, please provide proof.

PERMISSION TO SEEK MEDICAL ATTENTION

In case of an emergency or accident I grant Kharisma Kids Lynbrook Out of School Hours Services staff, to seek medical treatment for my child from a medical practitioner, hospital or ambulance service, or Nurses On Call.

Yes No Parent/Guardian Signature _____
 (A signature is required for either a yes or no answer)

PERMISSION TO ADMINISTER FIRST AID

I grant permission for staff members of Kharisma Kids Lynbrook Out of School Hours Services to administer First Aid to my child when staff consider it necessary.

Yes No Parent/Guardian Signature _____
 (A signature is required for either a yes or no answer)

TRANSPORTATION IN AN EMERGENCY

I give permission for my child to be transported by ambulance to seek medical attention.

Yes No Parent/Guardian Signature _____
 (A signature is required for either a yes or no answer)

PERMISSION FOR PRODUCTS TO BE APPLIED TO CHILD'S SKIN

I give permission for my child:

- to have sunscreen applied to skin. Yes No
- to have insect repellent applied to skin. Yes No
- to have a barrier cream applied to skin. Yes No
- to have face paints applied to skin. Yes No

Parent/Guardian Signature _____
 (A signature is required for either a yes or no answers)

DELIVERY OF EDUCATIONAL/RECREATIONAL PROGRAM

To enable OSHC Educators to plan activities and experiences to assist the individual development of my child, I give permission for:

- OBSERVATIONS to be taken Yes No
- PHOTOGRAPHS to be taken for use in displays within the OSH service and School. Yes No
- PHOTOGRAPHS to be taken for use Outside the OSH service and School. (eg Newspapers) Yes No
- Viewing of PG MOVIES Yes No

Parent/Guardian Signature _____
 (A signature is required for either a yes or no answer)

ACCESS TO TRANSITION STATEMENT

Do you consent to the information in the aforementioned child's Transition Learning and Development Statement being shared with the Outside School Hours Care service? (If "yes" please attach a copy, if possible) Yes No
 (Transition Learning and Development Statement is completed by parents and Early Childhood Educators for the commencement of school)

Parent/Guardian Signature _____
 (A signature is required for either a yes or no answer)