

PLEASE COMPLETE FORM USING BLOCK LETTERS OR CLEAR WRITING

Centre Name:

Days of attendance: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday **Start Date:**
or

Before School Care: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

After School Care: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday **Start Date:**

CHILD'S INFORMATION

Given name Family name(s)
Former / other names Gender M / F Date of Birth
CRN Place of birth
Residential Address Post Code
Cultural Background Home language spoken
Is your child: Aboriginal / Torres Strait Islander Is your child attending another childcare centre? ☐ Yes ☐ No

PARENT / GUARDIAN 1 INFORMATION

Given name Family name(s)
Relationship to child Date of birth (requirement of CCS)
CRN Concession / Health Care Card Holder ☐ Yes ☐ No
Residential Address Post Code
Home ph Mobile Work
Email
Occupation Employer or place of study
Country of birth Cultural Background
Home languages spoken Aboriginal ☐ Torres Strait Islander ☐
Primary Carer for Centrelink (CCS) ☐

PARENT / GUARDIAN 2 INFORMATION

Given name Family name(s)
Relationship to child Date of birth (requirement of CCS)
CRN Concession / Health Care Card Holder ☐ Yes ☐ No
Residential Address Post Code
Home ph Mobile Work
Email
Occupation Employer or place of study
Country of birth Cultural Background
Home languages spoken Aboriginal ☐ Torres Strait Islander ☐
Primary Carer for Centrelink (CCS) ☐

CUSTODY ARRANGEMENTS

Are there any court orders, parenting orders or parenting plans relating to powers, duties, responsibilities, or authorities of any person in relation to the child or access to the child ☐ Yes ☐ No

Please provide a copy of any relevant Court Order and a photo of any person who is the subject of a Court Order relating to the child.

EMERGENCY CONTACTS, AUTHORISATIONS AND COLLECTION PERMISSION

In case of emergency and we are unable to contact either parent, we are required to have a list of at least 2 other people who are emergency contacts for your child. Please provide at least two contacts.

① Name Relationship to Child

Address Postcode

Contact number

Alternate number

This person is authorised to:

Collect my child from the centre / program ☐ Yes ☐ No Be notified in an emergency ☐ Yes ☐ No

Consent to administration of medication ☐ Yes ☐ No Consent to medical treatment for my child ☐ Yes ☐ No

Consent an educator to take my child outside the service (e.g. excursion) ☐ Yes ☐ No

② Name Relationship to Child

Address Postcode

Contact number

Alternate number

This person is authorised to:

Collect my child from the centre / program ☐ Yes ☐ No Be notified in an emergency ☐ Yes ☐ No

Consent to administration of medication ☐ Yes ☐ No Consent to medical treatment for my child ☐ Yes ☐ No

Consent an educator to take my child outside the service (e.g. excursion) ☐ Yes ☐ No

③ Name Relationship to Child

Address Postcode

Contact number

Alternate number

This person is authorised to:

Collect my child from the centre / program ☐ Yes ☐ No Be notified in an emergency ☐ Yes ☐ No

Consent to administration of medication ☐ Yes ☐ No Consent to medical treatment for my child ☐ Yes ☐ No

Consent an educator to take my child outside the service (e.g. excursion) ☐ Yes ☐ No

HEALTH & MEDICAL INFORMATION

The following information is required to assist to best meet the health needs of your child. If your child has a specific health care need allergy or relevant medical condition, you will be required to provide us with a medical management plan and specific information on how to best care for your child in the case of an incident. This plan will be followed in the event of any incident relating to your child's specific health care need, allergy or relevant medical condition.

Your Medicare number

Name of your family doctor (Registered Medical Practitioner)

Your doctor's address Postcode

Doctor's phone number

Are you in a Private Health Fund ☐ Yes ☐ No Fund Name Fund Number

Does your child have any known allergies? Eg food, medication, animals or insects? ☐ Yes ☐ No

If your child has allergies, please provide details **AND**

Please provide a management plan

Has your child been diagnosed as at risk of Anaphylaxis? ☐ Yes ☐ No – If yes, please provide a medical action plan.

Does your child have asthma? ☐ Yes ☐ No – If yes, please provide an asthma management plan.

Does your child have any problems with hearing, sight or speech? ☐ Yes ☐ No Please provide further information.

Does your child have any ongoing medical conditions including epilepsy or diabetes? ☐ Yes ☐ No

Please provide further information and a medical action plan.

Does your child have a physical disability or delay including intellectual, sensory or physical impairment? ☐ Yes ☐ No

Please provide further information

Do you have any concerns about any aspect of your child's development? ☐ Yes ☐ No If yes, please help us by providing some further information.

Does your child have any dietary requirements? ☐ Yes ☐ No

Please provide further information:

IMMUNISATION

Has your child been immunised? ☐ Yes ☐ No

Immunisation History Statement attached? ☐ Yes ☐ No

We are required to keep records of your child's immunisation on file. Please provide evidence of your child's immunisation history statement to be held on file. These records will need to be updated as children are given further immunisations. If your child is not immunised and an outbreak occurs in the centre, he/she may be excluded from attending until the outbreak has passed. Information regarding the immunisation register can be found at www.humanservices.gov.au/customer/service/medicare/australian-childhood-immunisation-register

ROUTINES

Has your child previously spent time with other children? ☐ Yes ☐ No

Is your child used to being with other adults? ☐ Yes ☐ No

Is this the first time your child has been cared for by someone other than a family member? ☐ Yes ☐ No

Are there any aspects of your child's cultural, ethnic, and/or religious background that you would like us to be aware of?

☐ Yes ☐ No Details

Are there any religious activities that the staff should be aware of? ☐ Yes ☐ No

THIRD PARTY BILLING DETAILS (NOMINATED THIRD PARTY TO PAY FEES)

Is there a third party agreement for payment of fees? ☐ Yes ☐ No

If yes, please complete a third party agreement form.

I understand that I am liable for any unpaid fees not paid by the third party.

Sign

Date

AUTHORISATIONS

1. I authorise staff to administer paracetamol to my child should they have a fever over 38 degrees celsius and is in discomfort or pain and all other methods used to lower the temperature have failed. I understand that the staff will advise me if paracetamol is administered to my child and I will be required to collect my child immediately from the centre. Yes ☐ No

2. I authorise for basic first aid to be administered if required by my child. ☐ Yes ☐ No

3. I authorise staff to act in an emergency. ☐ Yes ☐ No

4. I authorise staff to seek emergency medical, dental or hospital treatment from a registered medical practitioner, hospital or ambulance service for my child whilst being educated and cared for at the centre. This may include following the direction of medical personnel and / or transportation of the child by ambulance service. ☐ Yes ☐ No

5. I authorise staff to take my child outside of the program premises if required for a medical emergency ☐ Yes ☐ No

6. I authorise for staff to apply SPF 30+ sunscreen to my child. ☐ Yes ☐ No

7. I **authorise** for staff to apply Sudocream on my child if required.

☐ Yes ☐ No

8. I **authorise** for staff to apply insect repellent to my child if required.

☐ Yes ☐ No

9. I **authorise** for my child to have contact with the program's resident pets on the premises under the close supervision of the program staff.

☐ Yes ☐ No

10. I **authorise** for my child to have contact with the program's resident pets on the premises under the close supervision of the program staff.

☐ Yes ☐ No

11. I **authorise** for staff to take my child outside the program premises to participate in regular evacuation drills. I understand that my child will be relocated from the program under supervision to a safety zone for evacuation purposes.

☐ Yes ☐ No

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Parent / Guardian signature

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Date

PERMISSION FOR PHOTOGRAPH AND VIDEO DISPLAY

1. I **consent** to my child's photograph, video footage, artwork observations and/or learning stories to be displayed in the centre. This may be in written or digital form.

☐ Yes ☐ No

2. I **consent** to my child's photograph, video footage, artwork observations and/or learning stories to be published on social media, Gowrie NSW's website and marketing materials.

☐ Yes ☐ No

3. I **consent** to my child's photograph, video footage, artwork observations and/or learning stories to be published in third party publications as well as with media outlets.

☐ Yes ☐ No

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Parent / Guardian signature

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Date

I/we confirm that the information provided within this document is accurate and complete. I/we agree to confirm Gowrie NSW promptly in the event that any of the details provided within this document change or require update.

.....
Parent / Guardian signature

.....
Date

Document Return Checklist

[] Direct Debit Form [] Immunisation Statement [] Medical Management Plan [] Enrolment Agreement [] About Me Form