

OSHC Prep to Year 6 Enrolment Form

Student Name: _____ Year Group: _____
 Residential Address: _____ Sex: _____
 Cultural Background: _____ Religion: _____
 Student D.O.B: _____ Student CRN: _____
 Primary Language spoken: _____ Other Language spoken at home: _____
 Special Dietary Requirements: _____
 Any Special Considerations or additional needs: _____

Parent/Carer Contact 1

Name: _____ DOB: _____
 Relationship to Student: _____ Occupation: _____
 Cultural Background: _____
 Address: _____
 Home Phone: _____ Business Phone: _____
 Mobile: _____

Parent/Carer Contact 2

Name: _____ DOB: _____
 Relationship to Student: _____ Occupation: _____
 Cultural Background: _____
 Address: _____
 Home Phone: _____ Business Phone: _____
 Mobile: _____

Other Persons Authorised to Collect Student

Name: _____ Phone: _____
 Address: _____
 Name: _____ Phone: _____
 Address: _____

Authorised Emergency Contacts if parents not available

Name: _____ Phone: _____
 Address: _____
 Relationship: _____
 Name: _____ Phone: _____
 Address: _____
 Relationship: _____

Claiming Child Care Subsidy:

Do you intend to claim [Child Care Subsidy](#) (CCS) from the Family Assistance Office? ☐ YES / ☐ NO

(To claim your subsidy you and your child/ren MUST have a Customer Reference Number (CRN) and must have been assessed for CCS. Contact the Family Assistance Office on 13 61 50 for more information)

Please include the names of other children in care on this form to ensure you receive the correct percentage of Child Care Subsidy:

Name of Child: _____	D.O.B of Child: _____	CRN: _____
Name of Child: _____	D.O.B of Child: _____	CRN: _____
Name of Child: _____	D.O.B of Child: _____	CRN: _____
Name of Child: _____	D.O.B of Child: _____	CRN: _____

Name of Parent Claiming CCS: _____

Parent D.O.B: _____ Parent CRN: _____

Medical Details

Does your child suffer any allergies / other medical: ☐ YES / ☐ NO
 If yes, please give details: _____

Is your child at risk of Anaphylaxis?	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Medical Plan attached and sighted by the Coordinator	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Has your child been fully immunized?	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Health Record attached and sighted by the Coordinator	<input type="checkbox"/> YES / <input type="checkbox"/> NO

Are your Child/ren's immunisations current and up to date: ☐ YES / ☐ NO Date: _____

Who is authorised to give permission to medical treatment or to authorise administration of medication other than the parent?

Name: _____
 Address: _____
 Phone: _____
 Relationship: _____

Person who is authorised to permit an educator to take a child outside the OSHC Service:

Name: _____
 Address: _____
 Phone: _____
 Relationship: _____

Doctor's Details in case of emergency:

Name: _____
 Address: _____
 Phone: _____
 Medicare: _____

Do you give permission for OSHC staff to apply sunscreen to your child? ☐ YES / ☐ NO
 Do you give permission for OSHC staff to administer emergency medication if required? Do you give permission for qualified first aid officer to administer first aid if required? ☐ YES / ☐ NO

Do you give permission for the OSHC staff to ring for an Ambulance if required? ☐ YES / ☐ NO
 Do you give permission for the transportation of the child by an Ambulance Service? ☐ YES / ☐ NO

Medication (including cough syrups, Panadol etc.) can only be administered when the follow guidelines have been followed;

- A letter from the parent/legal guardian requesting the medication be given.
- The medication should have the instructions provided on the medication container by the medical practitioner, health care professional or pharmacist as directed. The administering officer cannot accept the instructions solely of the parent/legal guardian.
- The instructions on the medication container need to indicate the student's name, specific times at which medication is to be administered, as well as the dosage of medication to be administered.
- Asthma puffers are not available from the school. Parents of students with Asthma in Prep – Year 2 should follow the rules above, with regards to medication. Students in Years 3 – 12 are permitted to carry their asthma puffers.
- It is the parent's responsibility to ensure that all medication is current.

If the above conditions are not met, medication cannot be given to the student under any circumstances.

Custody of the child

Is there a current court order, parent order or parenting plan involving the student? ☐ YES / ☐ NO
 Has the Order or Plan been sighted by the Coordinator? ☐ YES / ☐ NO

The information gathered through this form is used as per the Canterbury College Privacy Statement.

☐ I have read and agree to the [Canterbury College Privacy Statement](#)

Parent Name: _____
 Date: _____

Signature: _____