

Macedon Primary School OSHC

Update Form 2021

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Please note: this form is only for families that have filled out a FULL ENROLLMENT FORM for each child, new children need to fill out the full enrolment form.

Bookings (please tick):	Date to Commence:	Class:
Before School: Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/>		
After School: Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/>		

Information about the child

Family name:	First name:
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Has your address changed? Yes No If you answered yes, please print your new address:

New Address:

Parent/Guardian Information

Parent/Guardian: 1 (responsible for the account)	Parent /Guardian: 2
Name:	Name:
Relationship to child:	Relationship to child:
Address- as per child	Address- as per child
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile Phone:	Mobile Phone:
Email contact for all correspondence to your family:	

Other Authorised persons

Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address:
Home phone:	Home phone:
Mobile Phone:	Mobile Phone:
Authorised to: Collect <input type="checkbox"/> Medical <input type="checkbox"/> Authorise Educator <input type="checkbox"/>	Authorised to: Collect <input type="checkbox"/> Medical <input type="checkbox"/> Authorise Educator <input type="checkbox"/>

Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address:
Home phone:	Home phone:
Mobile Phone:	Mobile Phone:

Authorised to:

Collect Medical Authorise Educator

Authorised to:

Collect Medical Authorise Educator

Court orders Parenting orders or Parenting plans relating to the child?

Are there any **court orders** parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

Any court orders relating to the child's residence or the child's contact with a parent or other persons?

No go to the next section. Yes please complete the following:

1. Bring the **original** court order/s for 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:
 - i. authorise the taking of the child outside the service by a staff member of the service;
 - ii. consent to the medical treatment of the child;
 - iii. request or permit the administration of medication to the child;
 - iv. collect the child from the service or family day care, AND/OR

b) give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers:

Child's Medical Information

Name Doctor/Medical Service:

Telephone:

Address Doctor/Medical Service:

Does your child have any allergies or sensitivity? No Yes (please select)

If yes, please provide details of any allergies and any management procedure to be followed with respect to the allergy.

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? No Yes

Does your child have an auto injection device (e.g. EpiPen®)? No Yes

Has the anaphylaxis medical management plan been provided to the service? No Yes

Has a risk management plan been completed by the service in consultation with you? No Yes

In the case of anaphylaxis, you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form. More information is available at www.education.vic.gov.au/anaphylaxis

Does your child have any other medical conditions? (eg asthma, epilepsy, diabetes etc that are relevant to the care of your child) No Yes

If yes, please provide details of any medical condition and any management procedure to be followed with respect to the medical condition.

Does the child have any dietary restrictions? No Yes **If yes**, the following restrictions apply:

Declaration

I ,..... (Print full name)

a person with lawful authority of the child referred to in this enrolment form, declare that the information in this update enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information;

Signature.....

Date.....