

MOUNT CARMEL COLLEGE

Supervision for front line workers: Monday 6 – Thursday 9 April, 2020

Enrolment Form

Child's Name:		
Mother's Name:		
Address:		
	e child is in care) Name:	
Phone No:	Mobile:	
Family Doctor:	Phone:	

- 1. I/We consent for the College, by its servants or agents:
 - To seek such medical or dental advice on behalf of my child as seen fit in the event of accident or illness, and;
 - If, in the opinion of an attending medical or dental practitioner or medical officer ('health practitioner') my child requires medical or dental attention or treatment (including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation), to that health practitioner giving such attention or treatment;

provided that reasonable efforts are made to inform me of any serious injury or illness;

- 2. I/We consent for my child to participate in all activities and functions as part of this Vacation Care program;
- 3. I/We certify that I understand that the College will take reasonable care in the event of my child suffering accident or illness but that it will not be responsible for the costs of any medical

- or dental attention or treatment administered to my child in such event nor will it be directly responsible for any act or omission of any *health practitioner* attending or treating my child;
- 4. I/We agree that the College is not liable if any of my child's possessions or property is damaged, lost or stolen during the Supervision period and Vacation Care program;
- 5. I/We certify that in the event of my child being injured in any way in the course of this Supervision period and Vacation Care program, I will not in any way hold the College, or its agents, responsible unless such injury is caused by the wilful neglect or actionable negligence on the part of the College or its agents.
- 6. I/We certify that I have read the information supplied to me. My child agrees to abide by the conditions indicated.
- 7. I/We certify that if my child should exhibit behaviour that seriously endangers themselves or others or seriously interferes with others' enjoyment of this Supervision period and Vacation Care program, I will be asked to collect my child;
- 8. I/We agree for my child to undertake all activities and use all equipment and materials detailed, being aware of the hazards and risks that may be involved including but not limited to slips, trips, stumbles, falls, cuts, abrasions, lacerations, sprains, strains, fractures, burns, traffic and vehicular accidents, insect, animal and snake bites and drowning; and
- 9. I/We certify that it is my responsibility to provide updated medical information in writing to the College Office and/or the Child Care Supervisor in addition to any information provided below.

Signature:	Date:	
	Parent / Carer	•
Medical Information		
information in addition/diffe	new or updated medical or health information for your child (i.nt to what is already held on College enrolled student records) are writing to the College Office.	
Signed:	Date:	_
Name:		



Supervision Booking Form

Supervision for front line workers: Monday 6 - Thursday 9 April, 2020

Age

Age: _

AVAILABLE

			Age:	
ı	Please tick dates v	where you require s	upervision:	
Monday 6 April	Tuesday 7 April	Wednesday 8 April	Thursday 9 April	GOOD FRIDAY NO
				SUPERVISON

Please note:

Name of Child/Children

- if not being picked up at normal school pick up time for the period 6 9 April, after-school care booking charges will apply for this period.
- It will be purely supervision for the period 6-9 April and no formal activities have been planned.

Please return this booking form to the College Office by Tuesday 31st March, or earlier if possible, to ensure the College can staff correctly.