

CHILD DETAILS

First Name:	Surname:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	
Language Spoken at Home:	Resides With:
Cultural Needs:	CRN:
Is your child of Aboriginal or Torres Strait Islander descent?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both

PARENT/GUARDIAN DETAILS:

A parent includes a guardian of the child and a person with parental responsibility for the child under a decision or court order. Parental responsibility is defined under the Family Law Act 1975 (Cth.) about a child, means all the duties, powers, responsibilities and authority which, by law, parents have in relation to children.

PARENT / GUARDIAN A DETAILS

Title:	First Name:	Surname:
Date of Birth:	Relationship to Child:	
Address:		
Work Address:	Or <input type="checkbox"/> Not Applicable	
Home Phone:	Mobile:	Work Phone:
Email Address:		
Do you wish to claim the Child Care Subsidy: <input type="checkbox"/> No <input type="checkbox"/> Yes CRN:		

This person is authorised to:

- Authorisation to seek medical treatment from a registered medical practitioner, hospital or ambulance service, including transportation of the child by an ambulance service. Yes No
- Authorise administration of medication to the child Yes No
- Authorise an educator to take a child outside the service on excursions or regular outings Yes No
- Be notified in the event of any accident, injury, trauma or illness involving the child, if both parents are not contactable Yes No
- Collect the child from the service Yes No

PARENT / GUARDIAN B DETAILS

Tick if not applicable

Title:	First Name:	Surname:
Date of Birth:	Relationship to Child:	
Address:		
Work Address:	Or <input type="checkbox"/> Not Applicable	
Home Phone:	Mobile:	Work Phone:

This person is authorised to:

- Authorisation to seek medical treatment from a registered medical practitioner, hospital or ambulance service, including transportation of the child by an ambulance service. Yes No
- Authorise administration of medication to the child Yes No
- Authorise an educator to take a child outside the service on excursions or regular outings Yes No
- Be notified in the event of any accident, injury, trauma or illness involving the child, if both parents are not contactable Yes No
- Collect the child from the service Yes No

PARENTAL RESPONSIBILITIES:

Are there any court orders, parenting orders, or parenting plans relating to the power, duties and responsibilities of any person in relation to the child or access to the child? No Yes

If YES, please attach a copy of all relevant documents.

Without copies of current orders or documentation staff and carers of TheirCare cannot enforce parent's requests.



ADDITIONAL CONTACTS:

An authorised nominee (additional contact) is defined under section 170 (5) of the national laws as a person who has been given permission by a parent or family member to collect the child from the education and care service or family day care service.

In the case of emergency, TheirCare will contact the parents/guardians initially. If the parent or guardian is uncontactable, we will contact the following people in the order they are listed. There must be at least one emergency provided with the enrolment to meet regulatory requirements.

ADDITIONAL CONTACT / AUTHORISED NOMINEE 1

Title: _____ First Name: _____ Surname: _____

Date of Birth: _____ Relationship to Child: _____

Address: _____

Work Address: _____ Or Not Applicable

Home Phone: _____ Mobile: _____ Work Phone: _____

This person is authorised to:

- Authorisation to seek medical treatment from a registered medical practitioner, hospital or ambulance service, including transportation of the child by an ambulance service. Yes No
- Authorise administration of medication to the child Yes No
- Authorise an educator to take a child outside the service on excursions or regular outings Yes No
- Be notified in the event of any accident, injury, trauma or illness involving the child, if both parents are not contactable Yes No
- Collect the child from the service Yes No

ADDITIONAL CONTACT / AUTHORISED NOMINEE 2

An Authorised Nominee is defined under section 170 (5) of the national laws as a person who has been given permission by a parent or family member to collect the child from the education and care service or family day care service.

Title: _____ First Name: _____ Surname: _____

Date of Birth: _____ Relationship to Child: _____

Address: _____

Work Address: _____ Or Not Applicable

Home Phone: _____ Mobile: _____ Work Phone: _____

This person is authorised to:

- Authorisation to seek medical treatment from a registered medical practitioner, hospital or ambulance service, including transportation of the child by an ambulance service. Yes No
- Authorise administration of medication to the child Yes No
- Authorise an educator to take a child outside the service on excursions or regular outings Yes No
- Be notified in the event of any accident, injury, trauma or illness involving the child, if both parents are not contactable Yes No
- Collect the child from the service Yes No

[Please contact us to add additional contacts.](#)

CHILD'S HEALTH INFORMATION:

DOCTOR'S INFORMATION:

Doctor's Name _____ Clinic Name _____

Address: _____

Phone Number: _____

MEDICAL DETAILS:

Medicare Number: _____ Ambulance Cover: No Yes Number: _____

Private Health Insurance No Yes Number: _____

IMMUNISATION STATUS:





Is your child immunised? No Yes

If YES, please attach a copy of all relevant documents & child health record 

TheirCare Staff: Details of the staff member who has sighted the Immunisation Documents / Child Health Record. Name: _____

Position: _____

GENERAL HEALTH INFORMATION:

<p>Has your child been diagnosed as at risk of anaphylaxis?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes Triggers: _____ EpiPen Expiry Date: _____</p> <p>You will be required to provide the service with an ASCIA Action Plan for Anaphylaxis (which has been reviewed in the last 12 months and signed by the doctor) and a spare EpiPen and any other medication identified on the plan. The service will work with you to develop Risk Minimisation Plan. </p>
<p>Has your child been diagnosed as at risk of asthma?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes Triggers: _____ Ventolin Expiry Date: _____</p> <p>You will be required to provide the service with an <i>Asthma Action Plan</i> (which has been reviewed in the last 12 months and signed by the doctor), medication identified on the plan (Ventolin) and a spacer. The service will work with you to develop Risk Minimisation Plan. </p>
<p>Has your child been diagnosed with any allergic reactions?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes Allergens: _____ Symptoms: _____ Medications Required: _____</p> <p>You will be required to provide the service with an <i>Allergic Reaction Action Plan</i> and medication identified on the plan. The service will work with you to develop a Risk Minimisation Plan. </p>
<p>Has your child been diagnosed with diabetes?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes Type: _____ Symptoms: _____</p> <p>You will be required to provide the service with an <i>Action Plan</i> and <i>medication</i> identified on the plan. The service will work with you to develop a Risk Minimisation Plan. </p>

Has your child been diagnosed with a disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes Details: _____ _____ _____
Does your child have any other specific healthcare needs, including any other medical conditions?	<input type="checkbox"/> No <input type="checkbox"/> Yes Details: _____ _____ _____
Will your child require medication to be administered whilst attending the program?	<input type="checkbox"/> No <input type="checkbox"/> Yes Details: _____ _____ _____
Does your child have any dietary restrictions?	<input type="checkbox"/> No <input type="checkbox"/> Yes Details: _____ _____ _____

Other Information

Is there anything else you would like TheirCare to know about your child?
 (e.g. fears, favourite activities, food, etc.)

Photo and Video Footage

I/We give permission:

- TheirCare may photograph and/or video this child at the service for the purpose of documenting learning experiences. Yes No
- TheirCare may store and share this child's image, sound and video recording in hard copy or digitally across the school and service (eg newsletters, visual displays, emails to families). Yes No
- TheirCare may store and share this child's image, sound and video recording digitally on social media. Yes No
- TheirCare may use photographs and video recordings in their professional educational material for training purposes, internal and external advertising and marketing, including print media, web content, social media and electronic media (including the internet) Yes No

Sunscreen

I/We give permission for staff to apply sunscreen if required.

Yes No

Face Paint

I/We give permission for my child to participate in face painting activities.

Yes No

Please advise if your child is sensitive to face paints.

PARENT/GUARDIAN DECLARATION:

I, _____
(Print Full Name)

As a person with lawful authority of the child referred to in this form.

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the service in the event of any changes to this information
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell at the TheirCare service.
- I authorise the service; an approved provider or nominated supervisor or educator to seek medical treatment of my child for: Medical treatment from registered medical practitioner, hospital or ambulance service including transportation of my child by ambulance service and will be liable for any associated fees/charges.
- Agree that TheirCare must be informed by the parent or guardian of the child or all medical needs and requirements or the child in their care. This includes relevant documentation, medication and authorisation to follow plan/administer medication.
- Agree that the ongoing management of the child's medical condition, if any, remains my sole responsibility and is not, nor does not under any circumstances become the obligation of the TheirCare staff or management.
- Agree that in the event of any adverse reaction by the child to the administration of medication which I have authorised or in the event that any action or inaction on the part of TheirCare staff or management results in any aggravation, exacerbation, acceleration or deterioration of any medical condition suffered by the child, I release TheirCare, its staff, management and other relevant personnel and their respective assignees and insurers or any of them from all actions, suits and claims of any nature, I or my child may have relating to the administration of medication or the failure to administration or any action or failure to act related to any medical condition identified in the child's action/management plan.
- Agree to inform the service if my child contracts any illness which could be detrimental to the health of other at the service.
- I authorise the child's name to be on display at the Service
- A full copy of TheirCare's policies and procedures is available at the Service.
- I understand that if my child continuously demonstrates inappropriate behaviour I may be called to collect them. In the case of serious inappropriate behaviour after appropriate behaviour guidance procedures have been followed I will be notified and my child may be removed or suspended for a period of time or excluded permanently from the service.
- Except as otherwise expressly required by law, TheirCare does not accept any liability for personal injury, property damage or loss sustained by any participant as a result of his or her participation at the Service due to any cause whatsoever unless caused by the proven negligence of TheirCare, its Directors or employees.
- I acknowledge that TheirCare is required to disclose information to the Department of Education and other government agencies. I understand that TheirCare adheres to the Privacy Act 1988 and will ensure that information in my child/ren's enrolment record is not divulged to another person unless necessary for the care or education of my child/ren, to manage medical treatment of my child/ren, where expressly authorized by the parent, prescribed in the Childrens' Services Regulations 2009 (regulation 35(1)(d-e) or Education & Care Services National Laws & Regulations, or if required by law or in accordance with the Privacy Act 1988
- Agree to the terms and conditions.
- TheirCare reserves the right to change the terms & conditions at any time.

Parent/Guardian Full Name: _____

Parent/Guardian Signature: _____

Date: _____