



Miners Rest Kindergarten  
Dundas St, Miners Rest, Vic 3352  
0429 528 233  
oshc@minersrestps.vic.edu.au



## Out of School Hours Care.

Our Out of School Hours Care (OSHC) Program aims to provide a safe, secure and stimulating environment for children at the highest possible standard. The Out of School Hours Program is a not for profit service to Primary School age children and wrap around care for 3 to 4 year olds in our Kindergarten program.

### *Objectives*

- To offer a flexible program that responds to the care and recreational needs of all children
- To provide an environment for all children that's both safe and challenging
- To foster all children's individuality, recognise individual needs and promote the physical health and wellbeing of all children
- To ensure that the program accurately reflects the needs of all children and families/caregivers
- To acknowledge the importance of families/caregivers contributions to the program
- To acknowledge and be aware of the cultural background of families/caregivers
- To meet the National Quality Standards for Out of School Hours Care under the Education & Care Services National Law & Regulation 2011.

### **Operation Times**

Program operating times for the Out of School Hours Care Program are:

**Before School Care 7.00 am – 8.45 am**

**After School Care 3.20 pm – 6.00 pm**

**Holiday Care/ Curriculum Days 8.00am – 5.30 pm**

**Wrap around care 7.00am-8.45am and 1.45pm - 6pm**

Breakfast is provided before 8.30am during Before School & Holiday Care.

### **Cost (effective as at 1<sup>st</sup> March 2020)**

Before School Care: \$25.00 per session

After School Care: \$36.00 per session

Wrap Around Care: \$45.00 per session

Holiday and Curriculum Days: \$62.00 per day

**Childcare rebates are available to families that are entitled to the discount.**

## Bookings

Bookings are to be made by emailing OSHC at: [oshc@minersrestps.vic.edu.au](mailto:oshc@minersrestps.vic.edu.au). OSHC ask for a minimum of 24 hours' notice for bookings and cancellations. Children will be marked absent with full fees applied if less than 24 hours' notice is given of any cancellations/absences. OSHC may be able to cater to bookings with less than 24 hours' notice, but spaces cannot be guaranteed.

## Contacting OSHC

The best way to contact OSHC is via email at [oshc@minersrestps.vic.edu.au](mailto:oshc@minersrestps.vic.edu.au). OSHC Educators check emails regularly and respond based on the urgency of the email.

OSHC can also be contacted via landline at (03) 5334 6328 (#3) or 0429 528 233. Please be aware that our main priority is always on supervising your children. This means that phones may not be answered immediately. If your call is not answered, please leave a voicemail or text message with your name, contact number and reason for calling. Without this information, staff may not be able to respond.

## Finding OSHC

OSHC is located at the end of the Gallery in the main school building between Room 3 and Room 4. In the mornings and evenings OSHC can be accessed through its external door located on the staff carpark side of the main school building. There are signs from the front gate to the OSHC entrance, which is fenced and gated. OSHC's external door is controlled by a keypad. Please contact OSHC prior to starting to be given the code for this door.

## Activities / Program

Children are encouraged to discuss activities & plan their program together with Educators. These ideas are then implemented along with other activities they would like to do during that day or over the weekly/fortnightly program.

Children are given opportunities to modify their program to meet their individual needs, interests & abilities throughout the week.

Each day the opportunities for free play, craft, sports, board games, playground, local excursions, cooking, science, I.T. (laptops, movies, iPads and Wii), reading, homework and quiet time will be made.

The OSHC Program is committed to nurturing and extending each child's cognitive, physical, emotional and intellectual development in a child-friendly, supportive and fun environment. The service offers a planned, flexible and balanced program, which will respond to children, parents/caregivers and staff needs.

Within the children's program, the service provides learning experiences that expose children to many different and varied subjects. Special events such as celebrations, video and fancy dress days are also undertaken.

**For further information please don't hesitate to visit our OSHC and discuss any questions or ideas you may have with our Educators.**

**0429 528 233**

**[oshc@minersrestps.vic.edu.au](mailto:oshc@minersrestps.vic.edu.au)**



**MINERS REST PRIMARY SCHOOL  
OUT OF SCHOOL HOURS CARE (OSHC)  
ENROLMENT FORM 2020**

***PRIVATE & CONFIDENTIAL***

Before School Care Hours: 7.00am – 8.45am  
Short Stay Wrap Around Care Hours: 1.45pm – 3.20pm  
Wrap Around Care Hours: 1:45 – 6:00pm  
After School Care Hours: 3.20pm – 6.00pm

***IMPORTANT: All information must be completed on all pages and signed***

Family Name: \_\_\_\_\_ \*Family CRN: \_\_\_\_\_

\*Family CRN (Customer Reference Number) **MUST** be provided, along with the CRN of each child enrolled.  
Contact the Family Assistance Office (13 61 50) if you do not know your CRN's.

**PERSONAL DETAILS OF CHILD**

Child's Name	*Child CRN	Sex (M/F)	Age	Date of Birth	Year Level
				/ /	

**CHILD'S HOME ADDRESS**

STATE:	POSTCODE:
--------	-----------



*The Early Childhood and Care Services National Regulation 160 (3bi) stipulates that the name, address and contact details of each known parent of the child is required.*

**FAMILY INFORMATION**

	Parent/Guardian A	Parent/Guardian Adult B
Relationship to child		
First Name		
Family Name		
Home Address		
Suburb and Postcode		
Date of Birth		
CRN		
Place of work/study		
Occupation		
Country of Birth		

**PRIMARY FAMILY CONTACT DETAILS**

Parent/guardian A Contact Details: (please circle)

Parent/guardian B Contact Details: (please circle)

Can we contact Parent/guardian A at work? Yes    No	Can we contact Parent/guardian B at work? Yes    No
Work Telephone No:	Work Telephone No:
Mobile Telephone No:	Mobile Telephone No:
Home Telephone No:	Home Telephone No:
Parent/guardian A's preferred method of contact: Mail                  Email	Parent/guardian B's preferred method of contact: Mail                  Email
Email Address:	Email Address:

Is your child from an Aboriginal or  Torres Strait Islander background  (please tick if applicable)

Languages spoken at home: \_\_\_\_\_

### GENERAL CONSENT

- Movie and Video Viewing** – I consent to my child watching PG rated movies/TV programs, for educational or reward purposes, as designated by the OSHC Co-ordinator.
- OSHC Promotions and Photographs** – Photographs/video of students is taken for planning the OSHC programs, special activities, events, sport, publicity, etc. Co-operation is sought to use these images to recognise and promote student participation and achievements in both school and wider community,
- Local Excursions Authority** – I consent to my child participating in local excursions. At various times throughout the year OSHC staff take children to locations and events within our local community and within close proximity to the kinder/school. These local excursions are to participate in special events, which can be at times a one off or at short notice. Correct adult supervision ratios are adhered to at all times.

*Please note: Any boxes not ticked will indicate the child does not have permission.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY CONTACTS



These are individuals whom you provide authorisations for in regards to your child's wellbeing, including who can collect your child and/or be contacted in an emergency. These contacts are in addition to the parent/guardians and we request that a minimum of 2 additional contacts are provided. It is a requirement that a full name, address and phone number is supplied for additional contacts. If you require additional spaces for emergency contacts, please ask OSHC staff for an extra form.

### Authorised Nominee 1:

**Full Name:** \_\_\_\_\_ **Contact Numbers:**  
**Residential address** Home: \_\_\_\_\_ Work: \_\_\_\_\_  
**Street number/name:** \_\_\_\_\_ Mobile \_\_\_\_\_  
\_\_\_\_\_  
**Relationship to child** \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ **Call order (please circle)** 1 2 3 4

#### Authorisations: (please tick)

- Authorised to collect (Authorised Nominee)
- Notify in the event of an emergency
- Authorised to consent to administer medication
- Authorised to consent to medical treatment
- Authorised to authorise an educator to take the child outside the service's premises (e.g. excursions)

### Authorised Nominee 2:

**Full Name:** \_\_\_\_\_ **Contact Numbers:**  
**Residential address** Home: \_\_\_\_\_ Work: \_\_\_\_\_  
**Street number/name:** \_\_\_\_\_ Mobile \_\_\_\_\_  
\_\_\_\_\_  
**Relationship to child** \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ **Call order (please circle)** 1 2 3 4

#### Authorisations: (please tick)

- Authorised to collect (Authorised Nominee)
- Notify in the event of an emergency
- Authorised to consent to administer medication
- Authorised to consent to medical treatment
- Authorised to authorise an educator to take the child outside the service's premises (e.g. excursions)

### Authorised Nominee 3:

**Full Name:** \_\_\_\_\_ **Contact Numbers:**  
**Residential address** Home: \_\_\_\_\_ Work: \_\_\_\_\_  
**Street number/name:** \_\_\_\_\_ Mobile \_\_\_\_\_  
\_\_\_\_\_  
**Relationship to child** \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ **Call order (please circle)** 1 2 3 4

#### Authorisations: (please tick)

- Authorised to collect (Authorised Nominee)
- Notify in the event of an emergency
- Authorised to consent to administer medication
- Authorised to consent to medical treatment
- Authorised to authorise an educator to take the child outside the service's premises (e.g. excursions)

**Authorised Nominee 4:**

**Full Name:** \_\_\_\_\_ **Contact Numbers:**  
**Residential address** Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 Street number/name: \_\_\_\_\_ Mobile \_\_\_\_\_  
 \_\_\_\_\_ **Relationship to child** \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ **Call order (please circle)** 1 2 3 4

**Authorisations: (please tick)**

- Authorised to collect (Authorised Nominee)
- Notify in the event of an emergency
- Authorised to consent to administer medication
- Authorised to consent to medical treatment
- Authorised to authorise an educator to take the child outside the service's premises (e.g. excursions)

**FAMILY DOCTOR DETAILS**

<b>Doctor's Name</b>	<b>Individual or Group Practice:</b>		
	(please circle)	Individual	Group
<b>Address or PO Box No:</b>			
<b>Suburb:</b>			
<b>State:</b>		<b>Postcode:</b>	
<b>Telephone Number:</b>		<b>Fax Number:</b>	
<b>Current Ambulance Subscription:</b> (please circle) Yes No		<b>Medicare Number:</b>	

**MEDICAL INFORMATION***(Please circle if applicable to your child)*

Anaphylaxis\*    **NO**            **YES**    Detail: \_\_\_\_\_

*\*If a child is at risk of an anaphylactic reaction an auto-injection device (Epi-pen) **MUST** be provided upon first attendance and thereafter.*

Allergies\*\*        **NO**            **YES**    Detail: \_\_\_\_\_

Asthma\*\*         **NO**            **YES**    Detail: \_\_\_\_\_

Developmental Delay, Disability including Intellectual, Sensory or Physical Impairment\*\*

**NO**            **YES**    Detail: \_\_\_\_\_

Other eg. Diabetes, Grommets, Epilepsy, intolerances etc.\*\*

**NO**            **YES**    Detail: \_\_\_\_\_

Cultural or Religious considerations:

**NO**            **YES**    Detail: \_\_\_\_\_

**\*\*Please provide any necessary Management Plans/Procedures and medication for each condition (to be kept onsite). These MUST be provided prior to your child/ren's first session.**

## IMMUNISATION

Has your child been immunised? (please circle)

YES

NO

*Please note that we must have an up to date Immunisation History Statement (and/or documents that meet the immunisation requirements) supplied to us with your enrolment form, otherwise we cannot start your child in care.*

Parents/Guardians may obtain a copy of their child's Immunisation History Statement at any time:

- By telephone on 1800 653 809
- By email on [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au)
- Online at [www.medicareaustralia.gov.au/online](http://www.medicareaustralia.gov.au/online)
- In person at your local Medicare office, Centrelink or Child Support Service Centre.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian

## CHILD ACCESS OR ACTIVITY RESTRICTIONS DETAILS

*(Please circle if applicable to your child)*

Is the child at risk? NO YES

Is there an Access Alert for the child? NO YES

If yes, which Access Type: (circle) Court Order Family Law Order Restraining Order Other  
*(please provide a current copy of the document(s) for our records)*

Describe any Access Restriction: \_\_\_\_\_  
\_\_\_\_\_

Is there an Activity Alert for the child? NO YES

If yes, then describe the Activity Restriction: \_\_\_\_\_  
\_\_\_\_\_

## HAVE YOU INCLUDED THE FOLLOWING DOCUMENTS?

- Copy of Birth Certificate
- Copy of Immunisation History Statement
- Copy of Asthma Management Plan (if applicable)
- Copy of Anaphylaxis Management Plan (if applicable)
- Copy of any other relevant documents (if applicable) e.g. other medical management plans (e.g. allergies, diabetes, epilepsy), custody/court orders

***Please note: We are able to photocopy originals at the School Office***

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian

### FOR OFFICE USE:

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

I have sighted the child's health records:	YES	NO
Immunisation History Statement received:	YES	NO
Birth Certificate received:	YES	NO
Court orders or shared custody agreements (if required):	YES	NO
Management Plans/Medication provided (if required):	YES	NO

STAFF INITIALS: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## ATTENDANCE AT THE OSHC PROGRAM

Access to the Program can be on a permanent or casual basis. Which type of enrolment do you require?  
 (please circle one)                      **PERMANENT**                      **CASUAL**

If you require a permanent booking for your child each week, please **CIRCLE** the day or days required below including the **starting date**, as well as indicating whether you require:

Before School Care (BSC)                       Wrap Around Care (WAC)                       After School Care (ASC)  
 Short Stay Wrap Around Care (SSWAC)

Name	Starting Date	Monday	Tuesday	Wednesday	Thursday	Friday
	/ / / /	BSC / WAC/ SSWAC/ ASC	BSC / WAC/ SSWAC/ ASC	BSC / WAC/ SSWAC/ ASC	BSC / WAC/ SSWAC/ ASC	BSC / WAC/ SSWAC/ ASC

### IMPORTANT INFORMATION

Only listed authorised persons will be able to collect children from the OSHC Program. Identification eg. Victorian Driver's Licence will be required to be produced before staff can authorise collection of children.

It is the responsibility of the parent/guardian to contact the Family Assistance Office on **13 61 50** to check eligibility for the Childcare Subsidy. The Childcare Subsidy will be effective when the OSHC Program is given all necessary information required and receives notification directly from the Family Assistance Office. Until that time the full fee will apply.

**AFTER SCHOOL CARE CLOSSES AT 6.00pm SHARP.**

**A LATE FEE OF \$1.00 PER MINUTE PER CHILD WILL APPLY FOR CHILDREN COLLECTED AFTER THIS TIME.**

Parents/Guardians should refer to the **Out of School Hours Care Policy and Program booklet** for all information regarding the Program.

## PARENTAL/GUARDIAN DECLARATION

I approve of my child's involvement in the Miners Rest Primary School Out of School Hours Care (OSHC) Program.

I authorise OSHC staff, in the event of an accident or illness, to obtain all necessary medical treatment and transport from a medical practitioner, hospital or ambulance service.

I agree that the OSHC Program and staff are to be free and clear of all responsibility whatsoever for accident/illness, damage, theft of clothing or valuables during my child's participation in any activities involved the Program.

I agree that the information on this form is correct to the best of my knowledge.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_





Miners Rest Out of School Hours Care (OSHC)  
Dundas St, Miners Rest Vic 3352  
0429 528 233  
oshc@minersrestps.vic.edu.au



kindergarten

Child's Name: .....

I give permission for:

My child to use Room 1, 2, 3, 4, 5, 6 (Gallery classrooms ) and 11 (kitchen), the Library, Learning Pod and the Art Room for group activities under supervision	YES	NO
My child's photos/video taken by <u>other parents</u>	YES	NO
My child to be photographed or videotaped <u>at the centre.</u>	YES	NO
My child's photo to be displayed at the Service.	YES	NO
My child's photo & first name to be included in other children's portfolios	YES	NO
My child's photo to be displayed in the Kinder/School & OSHC electronic newsletter	YES	NO
My child's photo to be published in the local media.	YES	NO
My child's name (if appropriate) on an allergy list displayed in the kitchen and office	YES	NO
My child's name (if appropriate) displayed on a medical list in the kitchen and office	YES	NO
My child's name displayed on lists in the OSHC setting	YES	NO
My child's name to be written in full in the roll book, and on individual folders	YES	NO
Staff to support my child to apply sunscreen in accordance with policy.	YES	NO
Staff to support my child to apply insect repellent	YES	NO
My phone number to be on display at the OSHC , for communication purposes	YES	NO
My email address to be used for communication.	YES	NO
I understand my children may be taken over to Miners Rest Kindergarten for drop off and collection of other students, or for any other recreational and educational purpose Approx. Times 8.20am-6.00pm.	YES	NO

A text to be sent to parent/guardian mobile contact number regarding up and coming events at the OSHC including emergency day closures.	YES	NO
My child's hair to be checked for nits and lice.	YES	NO
I have read and understood the OSHC Emergency Evacuation procedure as outlined in the handbook.	YES	NO

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date : \_\_\_\_\_

**Delivery and Collection Form (Kinder students only)**  
**Delivery and collection of children by Childcare Co-ordinator or School Staff**

I (**parent/guardian name**)..... request that an Authorised  
Nominee (listed below) collect my child  
(**child's full name**) ..... and walk with them:

FROM: Miners Rest Kindergarten and/or Miners Rest Primary School

TO: Miners Rest Primary School and/or Miners Rest Kindergarten

I require the **Authorised Nominee** to sign the attendance book on my behalf to confirm my child's  
attendance at the children's service.

**Details of *Authorised Nominees* who you as a parent authorise to collect and deliver your child.**

Please note: An *Authorised Nominee* means a person who has been given permission by a parent or family  
member to collect the child from the education and care service (Regulation 160).

Authorised Nominee:            Briar Malcolm and Holly Scanlon  
  (Co-ordinators-Miners Rest PS OSHC)

And all other staff members qualified and authorised by Briar Malcolm, Holly Scanlon and Dale Power  
(OSHC/Kindergarten Director and School Principal-Miners Rest PS)

# Seesaw permission form – Miners Rest Primary School

---

2020



Dear parents/guardians,

We are going to be using an online tool called Seesaw, which is a secure online learning journal where children can create and upload their work to document their learning. Your child will add things like photos, videos, worksheets, drawings and voice recordings to their Seesaw journal. If you choose, you can sign up for a free Seesaw parent account, download the parent app to your phone (giving you access to your child’s learning journal) and choose to be notified when your child adds new content. Seesaw journals are private and only accessible by the teacher, students, and parents.

We are seeking your permission to use an individual pupil account on Seesaw where personal data may be stored. Within Seesaw the children may store personally identifiable information, like names, and photos, videos or voice recordings they have made themselves. Seesaw has a thorough privacy policy (<https://app.seesaw.me/about/privacy>) and has committed never to share your child’s personal information or journal content.

Seesaw logins are available now and can be collected from OSHC staff. The login contains all required information to create a parent account. Seesaw can be accessed via iOS, Android and all computers with Chrome and Firefox browsers.

If you have any further questions or concerns please speak with Holly or Briar directly or email [oshc@minersrestps.vic.edu.au](mailto:oshc@minersrestps.vic.edu.au)

Regards,

Briar Malcolm

OSHC Coordinator

.....

## Permission to use Seesaw

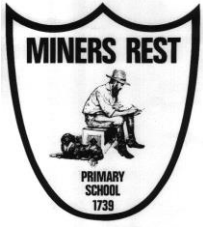
I **do / do not** (*please circle*) give consent for my child, to use Seesaw and share personally identifiable information such as first names, photos, videos or voice recordings to their personal journal while at OSHC.

I **do / do not** (*please circle*) give permission for my child to have personally identifiable information such as first names, photos, videos or voice recordings shared on Seesaw that may be seen by other OSHC families.

Student name: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



Miners Rest Primary School  
"With Knowledge We Grow"  
Dundas Street  
MINERS REST. 3352  
Phone (03) 5334 6328 Fax (03) 5334 6759  
Email: [miners.rest.ps@edumail.vic.gov.au](mailto:miners.rest.ps@edumail.vic.gov.au)  
ABN. 36 980 883 527

---

## Fee Policy

### *Position Statement*

Miners Rest Primary School Out of School Hours Care (OSHC) fees are payable two weeks in advance at all times.

Our preferred method of payment is via Direct Debit utilising Debit Success. The Direct Debit form must be returned as soon as possible.

Payments can be scheduled fortnightly. Please note a monthly payment option is not available. Payments can only be debited on a **Thursday or Friday** OR payments can be flexible based on payment cycle and it is the parents /guardians responsibility to ensure there is enough money in their account to cover these charges.

In the case of a declined payment, the full declined amount must be paid prior to the date of next payment.

A change of details form can be collected from the office if you need to change your personal details or account details. This must be received the Friday prior to your next due Debit Success transaction. Two weeks' notice in writing must be given to alter or cancel your bookings. If this is not adhered to normal fees will be charged for the session. Days cannot be swapped for staffing and placement reasons. If available additional days can be given upon request.

### **Fees are as follows (as at 1/3/2020)**

Before School Care: \$25.00 per session

After School Care: \$36.00 per session

Wrap Around Care: \$45.00 per session

Vacation Care: \$62.00 per day

Fees are payable for ALL days booked, including any absences due to illness, holidays or public holidays.

Late Collection Fees - A fee of \$1.00 per minute will apply after 6pm. If you are going to be late for any reason, please contact the educators at the Centre.

If at any stage you have financial difficulties, please speak to the Director as we may be able to provide special assistance or work out a payment plan. If fees lapse by 2 weeks and no special arrangements have been made your child's place will be considered vacant and may be offered to another child.

Dale Power  
Principal/Centre Director

Miners Rest Primary School  
"With Knowledge We Grow"  
Dundas Street  
MINERS REST. 3352  
Phone (03) 5334 6328 Fax (03) 5334 6759  
Email: [miners.rest.ps@edumail.vic.gov.au](mailto:miners.rest.ps@edumail.vic.gov.au)  
ABN. 36 980 883 527

---

24/02/2020

Dear Parent/Guardian,

### PAYMENT OF FEES

The fee policy at Miners Rest Primary School OSHC is that all accounts must be paid **two weeks in advance**.

The preferred method of payment for fees at our centre is through Debit Success. This will ensure families accounts remain within the centre fee policy guidelines and also maintains the security of your child's booking at our Centre.

I have attached the Debit Success form which will need to be completed and returned to our office when convenient.

If you have any queries or need assistance completing these forms, please do not hesitate to contact the school office.

Yours faithfully



Dale Power  
(Principal/Centre Director)

Please detach below and return to the school office.

---

Family Name.....

I .....(parent/guardian's full name) agree to abide by the Fee Policy as attached.

Signed .....

Dated .....

## ROUTINE OUTINGS AND EXCURSIONS

Due to recent changes in the Education and Care Services Act and Regulations 2012, we are asking each family to please sign the below permission for to allow your child to participate in 'routine outings' (Reg 102) This regulation states that Reg 102 Authorisation for excursions (4) "The authorisation must be given by a parent or other persons named in the child's enrolment record as having authority to authorize the taking of the child outside the education and care service premises by an educator." (5) "If the excursion is a regular outing, the authorisation is only required to be obtained once in a 12 month period". Routine outings include the children leaving the premises to participate in events such as visits to the kindergarten, walks down the street, picnic in the park, playing on the playground, going to the wetlands, visiting the community hall or IGA. Children may go to and from the service between approximately 8:20-9:00am and 1:45-4:30pm in order to be dropped off/picked up from the Miners Rest Kindergarten.

Prior to each excursion, staff will:

- a) Notify parents via email, newsletter or information flyer prior to the outing (Reg 102 (4 b,d-k)):
- b) the reason when the children will be taken outside the premises
- d) proposed destination
- e) method of transport
- f) proposed activities
- g) period to be away from the Centre
- h) the anticipated number of children likely to be attending
- i) anticipated ratio of educators attending the excursion to anticipated number of children attending the excursion
- j) the anticipated number of staff members and any other adults who will accompany and supervise the children on the excursion
- k) that a risk assessment has been prepared and is available at the service

During routine outings/excursions, staff accompanying the child carries-

- a) A suitably equipped first aid kit; and
- b) An operational mobile telephone with an appropriate connection to a mobile telephone network and
- c) If the child has been diagnosed as at risk of anaphylaxis, the child's anaphylaxis medication and anaphylaxis medical management plan; and
- d) The telephone numbers of-
  - i. Any person who is to be notified of any accident, injury trauma or illness involving the child; and
  - ii. The child's registered medical practitioner or medical service;

**Please read the above information and sign the below permission form, returning it to Out of School Care.**

## ROUTINE OUTINGS AND EXCURSIONS

- I give permission for my child to attend routine outings and excursions as organised by Miners Rest OSHC.
- I have read the above information in relation to routine outings and excursions, in particular Regulation 102 of the Education and Care Services Act and Regulations 2012. If I require any further information, I will ask Centre staff.
- I understand that I will always be notified when my child will be attending a routine outing via email, newsletter or information flyer.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_



kindergarten

# Individual Medical Minimisation Plan

Risk assessment relating to children's specific health care needs,  
allergies or relevant medical conditions



Medical Condition:

Group: OSHC

Date plan prepared:

Plan prepared by:

Name	Relationship/Role	Signature
	Parent	
Briar Malcolm	OSHC Coordinator	
Holly Scanlon	OSHC Coordinator	
Hayley Wilson	Nominated Supervisor	

**Name**

Photo of Child

**DOB:**

## Description of condition

Triggers	Symptoms	Actions

## Medication

Name:  
 Dosage:  
 Method:  
 Storage Location:  
 Expiry Date:

Name:  
 Dosage:  
 Method:  
 Storage Location:  
 Expiry Date:



