



M A G I L L  
S C H O O L

# Magill School OSHC

Adelaide Street, Magill SA 5072

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## OSHC Enrolment Form

Child 1		Child 2		Child 3	
Family Name:		Family Name:		Family Name:	
Given Names:		Given Names:		Given Names:	
Date of Birth:		Date of Birth:		Date of Birth:	
Gender: Male <input type="checkbox"/> /Female <input type="checkbox"/>		Gender: Male <input type="checkbox"/> /Female <input type="checkbox"/>		Gender: Male <input type="checkbox"/> /Female <input type="checkbox"/>	
CRN:		CRN:		CRN:	
Aboriginal/Torres Strait Islander: Y <input type="checkbox"/> /N <input type="checkbox"/>		Aboriginal/Torres Strait Islander: Y <input type="checkbox"/> /N <input type="checkbox"/>		Aboriginal/Torres Strait Islander: Y <input type="checkbox"/> /N <input type="checkbox"/>	
Home Address:					
Suburb:				Postcode:	
Enrolling Parent/Guardian					
Name:					
Date of Birth:		CRN:		Relationship to Child/ren:	
Address:					
Suburb:				Postcode:	
Home Phone:		Work Phone:		Mobile:	
Email:					
Other Parent/Guardian (if applicable)					
Name:			Relationship to Child/ren:		
Address:					
Suburb:				Postcode:	
Home Phone:		Work Phone:		Mobile:	
Email:					



Has the child any special dietary needs not relating to allergies?	Child 1 Y <input type="checkbox"/> /N <input type="checkbox"/>	Child 2 Y <input type="checkbox"/> /N <input type="checkbox"/>	Child 3 Y <input type="checkbox"/> /N <input type="checkbox"/>
Please provide details:			
Has the child any kind of allergies? E.g. Foods - Reaction & medication	Child 1 Y <input type="checkbox"/> /N <input type="checkbox"/>	Child 2 Y <input type="checkbox"/> /N <input type="checkbox"/>	Child 3 Y <input type="checkbox"/> /N <input type="checkbox"/>
Please provide details:			
Has the child any other medical information we might need to know?	Child 1 Y <input type="checkbox"/> /N <input type="checkbox"/>	Child 2 Y <input type="checkbox"/> /N <input type="checkbox"/>	Child 3 Y <input type="checkbox"/> /N <input type="checkbox"/>
Please provide details:			
Please supply the service with required medications in original packaging with the child's name clearly marked. Please also provide a medical action plan along with required medication for life threatening illnesses e.g. asthma, anaphylaxis etc.			
<b>Usual Medical Attendant</b>	Doctors Name:		
Phone:	Clinic Name		
Address:			
Suburb:		Postcode:	
<b>Usual Dental Attendant</b>	Doctors Name:		
Phone:	Clinic Name:		
Address:			
Suburb:		Postcode:	
Medical Benefits Cover with:			
Ambulance Cover with:			
Medicare Number:			
Health Care Card Number:			
<b>Any other Information</b>			

<b>Consents</b>		<b>Initial</b>
I consent for my child/ren to take part in supervised walking excursions within the local area as part of the Centre's program.		
I consent for my child/ren to be photographed and for their image and name to be displayed only at Magill OSHC.		
I consent for a staff member to apply sun screen to my child/ren if required.		
I give permission for OSHC staff to exchange information relating to my child/ren with school staff. I understand this will be handled confidentially. e.g. Emergency situation.		
In an emergency situation which requires immediate medical attention I understand that the Ambulance will be called prior to contacting the parents/ guardians. I give permission for medication to be administered to my child under instructions from the emergency response officers. Parents/guardians will be contacted as soon as possible.		
<b>Agreements</b>		
I agree to pay the required fees for my child/ren's booked hours and accept the policies and rules of the service.		
I agree that the staff of the service may administer simple first aid to my child if the need arises.		
I understand that if at any time the staff of the service consider that my child requires emergency medical/hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend to my child. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child.		
I certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform the service if any of these details change.		
<b>Parent/Guardian Signature</b>		<b>Date</b>