



# St Hilda's Anglican School for Girls

## Extend-ED Program

### Child/Children Details

#### Child 1

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### Child 2

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### Child 3

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### Child 4

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Parent/Guardian Details

#### Parent 1

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Authorised to pick up child from Extend-ED Yes/No (please circle)

#### Parent 2

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Authorised to pick up child from Extend-ED Yes/No (please circle)

#### Custody of Child/ren

Have any court orders been made by a court regarding your child?  
*If yes please provide a photocopy of these orders for Extend-ED.*

Yes/No

### Emergency Contact 1

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Other: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### Emergency Contact 2

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Other: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### Authorised Persons to Collect Child/ren from Extend-ED

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

### Child health details

Does your child/ren require regular medication Yes/No

If yes, please give details.

\_\_\_\_\_

Does your child/ren have known allergies? Yes/No

**If yes, please provide current action plan to be taken in the event of an allergic reaction.**

\_\_\_\_\_

Does your child/ren have any special dietary requirements? Yes/No

If yes, please provide details.

\_\_\_\_\_

Does your child/ren suffer from asthma? Yes/No

**If yes, please provide details of medication required and fill out an asthma plan for the Centre.**

\_\_\_\_\_

## AUTHORISATION

### 1. PERMISSION FOR STAFF TO ACT IN CASE OF AN EMERGENCY OR ACCIDENT

Although every care will be taken of your child while at Extend-ED, the staff can in no way be held responsible for any accident which may occur. In the event of an accident, or illness requiring emergency medical treatment, every effort will be made to contact the parents before such treatment is sought. However, should this prove impossible, it will be necessary for authority to be given for the treatment to be undertaken. All medical and transport expenses will be the responsibility of the parent/guardian should they be necessary. Parents are asked to complete and sign the following:

I \_\_\_\_\_ authorise the staff of St Hilda's Extend-ED to seek emergency medical treatment for my child/ren \_\_\_\_\_ should this be considered necessary.

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

### CONDITIONS OF ENROLMENT

1. A staff member must be notified of the arrival and departure of children at the Centre. ALL children are to be signed in and out by an authorised person. I understand that my child will only be allowed to leave the centre with an authorised person over the age of 16.
2. All children must be collected from the centre by the centre's closing time. A late fee will apply if children are collected after 6pm.
3. Any child suffering from an illness which may in any way be transferred to other children or staff shall not be accepted into Extend-ED. Once such illness is diagnosed the parent/guardian shall be contacted and requested to resume responsibility for that child. Exclusion periods are determined by The Department of Health booklet Communicable Disease-Guidelines for Teachers, Local Authorities and Child Care Centre's. The child/ren will be accepted back into the centre upon provision of a clearance certificate from a medical practitioner. *Parents/Guardians are expected to inform staff if their child/ren has been diagnosed with a communicable disease.*
4. Any changes of my child's details or any details that appear on the enrolment form must be made known and recorded with the Manager immediately.
5. I hereby give permission for Extend-ED staff to administer liquid Panadol for the temporary relief of pain or fever, only in an emergency situation. I understand that the centre will contact me by phone before administering the medication and I will sign the necessary authority medication form on arrival. No prescribed medication will be given to children unless it is in the original packaging and with the written authority of the parent. No medication is to be left in your child's bag or to be self-administered.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONDITIONS AND AGREE TO ABIDE BY THEM**

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_