

LITTLE FEATS OOSHC

Before & After School Care & Vacation Care

ABN: 67 608 874 291

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2018 Consents & Acknowledgments

Please read authorisations carefully

Sign to acknowledge & return to the Management Team

Child's Name: _____

School Attending in 2018: _____

Staff Signature & Date: _____

Consents & Acknowledgments

Guardians are to remember to update the service immediately if any contact or medical information changes

Acknowledgement of Responsibility to Pay Fees:

I/We acknowledge and agree to pay all fees on time and agree that failure to pay fees on time without mediation and sufficient notification to the Management Team can result in a late fee or the cancellation of my child's enrolment at Little Feats OOSHC.

Signature of Parent/Guardian:

Communication with Little Feats OOSHC:

I/We acknowledge and agree to have open communication with Little Feats OOSHC should it be required to ensure the health, safety & wellbeing of my child.

Signature of Parent/Guardian:

Contact Information:

I/We acknowledge and agree to advise that my/our current contact information, including emergency contact numbers is always up to date. Any changes to these will be notified to Little Feats OOSHC in writing should they change.

Signature of Parent/Guardian:

Special Needs / Behavioural:

I/We acknowledge and agree to advise Little Feats OOSHC of any Specialist visits my/our child has attended and supply appropriate documentation for any visits/changes that has occurred within the last 12 months.

I understand that if Little Feats OOSHC requires an additional educator, above the required ratios on site, to assist in caring for my child whilst at the service, I/We agree to sign a consent form authorising the service to apply for additional assistance.

Signature of Parent/Guardian:

Authorisation for Paracetamol | Children's Panadol – Colour Free (Ages 5-12 yrs):

If my child has a temperature higher than 38° Celsius, **Little Feats OOSHC** is authorised to administer the age appropriate amount of Children's Panadol, Colour Free to my child.

Should your child be allergic to Children's Panadol, Colour Free, then you will need to provide an alternative medication for the control of temperatures/fevers, which should be clearly labelled with your child's name, dosage & have a lengthy expiration date.

Yes No

Signature of Parent/Guardian:

Authorisation for administering the centre's asthma kit:

If my child has difficulty breathing at the service, a First Aid qualified staff member is authorised to administer the correct dosage of Asthma medication to my child.

Yes No

Signature of Parent/Guardian:

Immediate Medical Attention

If my child is seriously injured or ill whilst in care at the centre, I understand that every effort will be made to contact parents or emergency contacts. I agree that the nominated supervisor or delegate will seek urgent medical, ambulance or hospital treatment if required. I give permission for medical treatment to be administered to my child from a registered medical practitioner, hospital or ambulance service. I agree to pay any costs incurred and give permission for transportation of my child by an ambulance service if necessary. **R. 161 (i) (ii).**

Yes No

Signature of Parent/Guardian:

Permission for use of Hand Sanitizer

I/We authorise my/our child to use hand sanitizer.

If your child is allergic to hand sanitizer, please specify. As an alternative, they will be asked to wash their hands using soap and water in the bathrooms.

Yes No

Signature of Parent/Guardian:

Permission for use of SPF 30+ sunscreen and insect repellent

I/We give permission for the use of ***Coles Everyday Sunscreen Lotion SPF 30+*** and ***Aeroguard spray insect repellent*** on my/our child.

If your child is allergic to the abovementioned brand of sunscreen and/or insect repellent, please specify. Guardians are to provide an alternative brand.

Yes No

Signature of Parent/Guardian:

Authorisation for Photographs and Filming

My child is authorised to be filmed or photographed for use in learning displays, documentation of the children's work and portfolios within the centre.

Yes No

Signature of Parent/Guardian:

My child is authorised to be filmed or photographed for use on the *Little Feats OOSHC* website and in centre publications and promotions.

Yes No

Signature of Parent/Guardian:

My child is authorised to be filmed or photographed by other parents or visitors to the centre, including students.

Yes No

Signature of Parent/Guardian:

Acceptances of rules, regulations and requirements

I/we have understood and accept the rules, regulations and requirements pertaining to my/our child's enrolment in this form, in the centre Handbook and Policies and Procedures folder. I understand and will abide by all the conditions appearing in this form, in the Handbook or in any documentation, as amended by the centre. I declare that the information given above is accurate and agree to notify the centre immediately, in writing, if there are any changes to the above information.

Yes No

Name of Parent/Guardian:

Signature:

Date

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