



**Court orders relating to the child**

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child? No  go to the next section.

Yes  **please complete the following:**

1. Bring the **original** court order/s for staff to see and a copy to attach to this enrolment form;

2. If these orders:

a) change the powers of a parent/guardian to:

- authorise the taking of the child outside the service by a staff member of the service;
- consent to the medical treatment of the child;
- request or permit the administration of medication to the child;
- collect the child, AND/OR

b) give these powers to someone else,

please describe these changes and provide the contact details of any person given these powers:

.....  
 .....

**Other persons to be notified in an emergency**

There may be times when the child has an accident; injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children’s service should notify one of the following people who are authorised to collect and care for the child in such situations. If required these people will also need to be contacted for their permission to administer medication in an emergency or if the child becomes ill whilst attending the centre.

Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Relationship to child	Relationship to child

**Collecting the child from the children’s service**

*Your consent is required for other people to collect the child from the children’s service on your behalf. Please list the details of those people who can collect the child in the tables below.*

*In the event that the child is not collected from the children’s service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child*

Details of people who can collect the child (This list may be added to or changed any time)

Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)

Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)

Please complete the following if your child will be attending both services on either a regular or casual basis.

I hereby authorise the staff of Beechworth Community Child Care, Beechworth Kindergarten and Beechworth Montessori Children's Group to take my child to and from the Pre-school's. (Circle which Kindergarten your child attends)

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

*Beechworth Kindergarten – LaTrobe University, Albert Road, Beechworth (03) 57 281 532*

*Beechworth Montessori Children's Group – LaTrobe University, Albert Road, Beechworth (03) 57 28 2940*

### **Child's medical and health information**

Name Doctor/Medical Service: ..... Telephone:.....

Address Doctor/Medical Service: .....

Does the child have any allergy or sensitivity? No  Yes  (please tick)

If yes, the following management procedures are to be followed (or a copy of the management plan is attached): .....

Does your child have any Dietary restrictions: No  Yes  if so please list: .....

Does the child have any medical conditions and needs (eg anaphylaxis, epilepsy, diabetes, etc) that are relevant to the children's service? No  Yes  (please tick)

If yes, the following management procedures are to be followed (or a copy of the management plan is attached): .....

Is your child known to have a reaction to bee or wasp sting or to any other insects? If so, how severe and what treatment is most effective? .....

Maternal Health Centre: .....

Maternal and Health Nurse: ..... Telephone: .....

Are you an Ambulance subscriber? YES / NO Ambulance Subscription No.: .....

Private Health Fund Name (if applicable): .....

Health Fund number: ..... Medicare Number: .....

Relevant Illness/accident history: .....

### **Child's immunisation record**

Has the child been immunised? No  Yes  (please tick) If yes, provide the details by:

- attaching a copy of the Immunisation Record from the Child Health Record book OR
- giving Immunisation Record from the Child Health Record book to staff at the centre to copy OR
- attaching a copy of the Immunisation Record printout from local government

**Please note: the original copy of child's Immunisation Record and Child Health Record needs to be sighted by the centre**

**NB - If your child has NOT been vaccinated, you will need to provide a certified letter stating that you have made a conscientious decision not to vaccinate your child.**

*Staff Use Only:*

Health Record sighted by Centre? No  Yes  Date sighted..... Initials.....

Original Immunisation Record sighted by Centre? No  Yes  Date sighted..... Initials.....

**Declaration and consent to emergency medical treatment**

***If Long Term Medication Authorisation or Anaphylaxis Plan forms are also needed to be completed for child, please see centre staff prior to child's first day of care.***

I,..... (Print full name)

a person with lawful authority of the child referred to in this enrolment form,

- declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information;
- agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;
- consent to the staff of the children's service seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.

**Signature.....Date.....**

**Lawful Authority**

*Parents*

All parents have powers and responsibilities in relation to their children which can only be changed by a court order. The *Children's Services Regulations 2009* refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the parents, such as whether they live together or are married.

A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

*Guardians*

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the *Children's Services Act 1996* also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

**I give permission for staff to apply sunscreen to my child.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**I give permission for my child to be photographed whilst attending the Centre:  NO  YES**

**For use in (Please tick): *Within the centre for displays*  *Newspaper/media articles*   
*Website/internet***

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**I have read the 'Information Book' provided and agree to abide by the policies and procedures described therein, or as updated through staff and parent input and advertised via the centre noticeboard and through the parent newsletter.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**For families with children in nappies: I give permission for staff to apply the following to my child. Please tick which items you give permission for staff to apply) No  Yes  if yes please tick**

***Desitin Cream*  *Curash Powder***

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

The following information is vital to staff in providing quality care that meets the particular needs of your child.

Please provide WRITTEN notice of any changes to food or diet that may affect your child's health.

## Food

Please supply details of special diet/restricted diet/food intolerance

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Does your child drink breast milk, cow's milk formula, soy formula, goat's milk formula, soy milk, or full cream cow's milk?

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Does your child eat all solids?

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## Sleeping

Sleeping habits

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Any security objects when going to bed

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## Toileting

Is your child toilet trained, in nappies, fully independent or in need some assistance?

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## Other information

If there is anything else that the children's service should know about the child (eg excessive fears, favourite activities, etc) this is as follows:

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.....

Name and ages of siblings:

Name _____	Age _____	Lives with sibling: YES / NO
Name _____	Age _____	Lives with sibling: YES / NO
Name _____	Age _____	Lives with sibling: YES / NO
Name _____	Age _____	Lives with sibling: YES / NO

Is there any other information regarding your child that may be necessary for staff to know? (e.g. specific behaviour guidance strategies) .....

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**NB – A helpful tool for us is to be able to have a clearly typed out copy of your child's 24 hour routine, both at home, during the day and at night. This helps us to understand your child's needs. Babies are to fill out a separate information sheet called Nursery Information sheet.**