



# Pymble LC OSHC

## New family parent/guardian permission/declaration and agreement form

Child's name: ..... Class: .....

### 1. Emergency Medical Treatment

I agree that the service may seek medical treatment from a registered medical practitioner, hospital, or ambulance service and transportation by an ambulance in the event that my child has been injured or becomes ill at the service. **Your child's enrolment will not be accepted unless agreed.**

Yes  No

Parent/Guardian 1 \_\_\_\_\_  
(Signature)

Parent/Guardian 2 \_\_\_\_\_  
(Signature)

### 2. Paracetamol

I agree that if my child has a temperature higher than 38.5° Celsius that an educator may administer a single dose of Paracetamol (such as Panadol drops/elixir) after natural methods have been used to reduce the temperature. The service will attempt to contact me before the administration of the medication and I will arrange for my child to be collected immediately.

Yes  No

Parent/Guardian 1 \_\_\_\_\_  
(Signature)

Parent/Guardian 2 \_\_\_\_\_  
(Signature)

### 3. Sunscreen

I agree for the service to use SPF30+ broad-spectrum, water-resistant sunscreen on my child's face and exposed limbs. Where my child is allergic to this sunscreen, I/we will provide a hypoallergenic sunscreen of equal sun protection.

Yes  No

Parent/Guardian 1 \_\_\_\_\_  
(Signature)

Parent/Guardian 2 \_\_\_\_\_  
(Signature)

### 4. (a) Photographs, video and sound recordings

I agree that my child may be photographed, video and/or sound recorded for display or view at the service or included in other children's learning and assessment records.

Yes  No

### (b) Photographs, video and sound recordings by Uniting

I agree that photographs, videos and/or sound recordings of my child taken individually or in a group at the service may be used by Uniting for educational displays and in presentations at professional development courses and conferences. My child's name will not be used without my prior knowledge and consent.

Yes  No

### (c) Use of child's drawings, paintings and other works

I agree that my child's drawings, paintings and other works may be used by Uniting for educational displays and in presentations at professional development courses and conferences.

Yes  No

Parent/Guardian 1 \_\_\_\_\_  
(Signature)

Parent/Guardian 2 \_\_\_\_\_  
(Signature)



I/we also agree that:

1. All information given on this Enrolment Form in Hubworks is correct. I/we will inform the service immediately of any changes to this information. I understand that my/our child's enrolment will not be valid unless this enrolment form is completed in its entirety.
2. I/we have read the information on the *Pymble* website and will abide by the policies and procedures of the service. I/we understand that policies and procedures will be reviewed on a regular basis and that I/we will be given 14 days notice before any significant change to a policy or procedure that could impact on my child, my ability to use the service or fees. These policies and procedures can be viewed at the centre.
3. My child will be the subject of observations by educators to assist in the planning and implementation of the program.
4. A staff member with appropriate training and/or first aid certificate will administer emergency asthma or anaphylaxis medication. I understand that in this circumstance the service will contact me and emergency services as soon as possible.
5. My child will not attend the service when suffering from infectious and contagious illnesses.
6. The adult delivering or collecting my child from the service will sign the Attendance Record and following my child's absence will sign the Attendance Record and give reason for the absence.
7. I/we are liable for all fees associated with my/our child's enrolment at this service and understand that I/we are responsible for updating Child Care Benefit information (if applicable) whilst my child is in care and, where no longer eligible, will be required to pay the full fee.
8. Any information provided on this form may be used for the purpose of meeting legislative requirements and provision of the approved service. I/we understand that the information may be accessed by UnitingCare Children Young People and Families and UnitingCare Children's Services (Approved Provider delegates) and any authorised officers under relevant Law. I/we may access my/our personal and sensitive information kept by the service by speaking with the Privacy Officer, UnitingCare CYPF. A copy of the Privacy Policy can be provided.

**Child's Name:**

\_\_\_\_\_

**Parent/Guardian 1**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Parent/Guardian 2**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_