



MERCEDES COLLEGE

COMPASSION LOYALTY JUSTICE INTEGRITY RESPONSIBILITY MUTUAL RESPECT

Child Enrolment Form

Child/Children's Details

	Child 1				Child 2		
Family Name:				Family Name:			
First Name:				First Name:			
Date of Birth:		Sex:	M / F	Date of Birth:		Sex:	M / F

	Child 3				Child 4		
Family Name:				Family Name:			
First Name:				First Name:			
Date of Birth:		Sex:	M / F	Date of Birth:		Sex:	M / F

Address:	
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Parent/Guardian's Details (This will be used to contact you in an emergency)

Name:			Name:		
Home Phone	Mobile Phone	Work Phone	Home Phone	Mobile Phone	Work Phone

Emergency Contacts (If parent/guardian cannot be contacted, emergency contacts will be notified and possibly asked to collect the child)

Name:			Name:		
Relationship:			Relationship:		
Home Phone	Mobile Phone	Work Phone	Home Phone	Mobile Phone	Work Phone



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Please complete and read the following carefully.

Custody

Are there any Family Court Orders, Restraining Orders or Parenting Plans? **Y / N**. If, yes please attach a copy.

Health Care and Medication

OSHC staff need a written health care plan from your child(ren)'s doctor or treating professional to plan for any special health needs. If your child/ren have health care plan please attach.

Does your child have any chronic health conditions (e.g. Asthma/Epilepsy/Diabetes)? **Y / N**

If yes, please attach a **medication plan** from your doctor or treating health professional detailing the medical condition, the correct dosage of any medication required, and how the condition is managed.

Doctor and Clinic Name: _____ Phone: _____

Are there any special dietary needs? **Y / N** If yes, please attach a modified food plan from your doctor or treating health care professional.

Does your child have any medication that needs to be administered/self-administered during their time at the OSHC service? **Y / N**

If yes, please note that all medication must be supplied in the original container with the original pharmacy label, including the child's name, the dose, and how it has to be administered. Please attach **Permission to Administer Medication Form**. This must be signed by the parent/doctor before OSHC staff can administer medication or be self-administered by a child over 8 years.

Permission

By signing the Excursion permission form, I agree to and understand all the information outlined in the Service Information document.

Parent/Guardian signature _____ Date: _____