



TOONGABBIE  
CHRISTIAN COLLEGE

# Out of School Hours Care



## RE-ENROLLING OOSH 2019 REGISTRATION FORM

Student's name \_\_\_\_\_ Class \_\_\_\_\_

I give consent to OOSH staff to administer Panadol to my child if needed, with parent/carer's verbal permission.

Yes  No

Dietary requirements changed since 2018? Eg vegetarian  Yes  No

Medical needs changed since 2018? Eg anaphylaxis or asthma.  Yes  No

Has your child taken prescribed medication whilst enrolled at OOSH in the past?  Yes  No

If yes, is the time and dosage the same?  Yes  No

If no, please provide details. An unopened medication box must be provided.

Are your child's living arrangements the same as 2018?  Yes  No

If no, please detail any changes. Eg parents divorced-shared custody

Have you moved address?  Yes  No If yes, please provide new address:

Do you wish to add or take away family or friends to the emergency contact list?  Yes  No

*Parents/Carers: please sign on the reverse side of this document*

Name \_\_\_\_\_

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