



Out of School Hours Care



RE-ENROLLING OOSH 2021 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 2020? Eg vegetarian Yes No

Medical needs changed since 2020? 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 2020? 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:

[See over](#)

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

Parent/Carer name _____

Signature _____ Date _____