



TOONGABBIE
CHRISTIAN COLLEGE

Out of School Hours Care



RE-ENROLLING OOSH 2022 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 2021? Eg vegetarian Yes No

Medical needs changed since 2021? Eg anaphylaxis or asthma Yes No

Medical Action Plan must be provided, otherwise care cannot be provided.

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.

Medical Action Plan must be provided, otherwise care cannot be provided

Are your child's living arrangements the same as 2021? 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

I give this person/people consent to authorise an educator to take my child outside the education and care service premises, or the Approved Provider, a Nominated Supervisor or Educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and transportation of the child by an ambulance service.

Parent/Carer name _____

Signature _____ Date _____