

Linden Park Outside School Hours Care Permissions

I give permission for my child/children to participate in **supervised walks/visits to a local park/playground/shop** as part of the OSHC program. I understand it is my responsibility to advise staff if I do Not wish for my child to participate in a particular activity. **YES/NO**

My child/children has permission to be **transported in a private vehicle** if deemed necessary by the Director and in accordance with OSHC standards. **YES/NO**

I give permission for OSHC staff to exchange information relating to my child with school staff and to the appropriate person(s) (i.e. within an emergency situation/special needs of my child/children). I understand that this information will be handled confidentially. **YES/NO**

Photographs of my child/children taken while at the service may be used at the discretion of the management committee (for display purposes or in the newsletter). **YES/NO** My child/children has permission to watch PG movies. **YES/NO**

I consent for a staff member to apply **sun block** to my child if required. **YES/NO** I consent for a staff member to apply **insect repellent** to my child if required. **YES/NO**

I consent for my child to **walk to and from Mariner Oval** for Sports practice **UNSUPERVISED**. **YES/NO** Please note arrangements for your child to get to and from Mariner Oval is the responsibility of the parent and OSHC staff will not always be able to do so.

In the instance of my child going to Mariner Oval for Sports practice, and not returning to OSHC, then I give permission for OSHC staff to sign my child out of OSHC. **YES/NO**

Are there any details about your child/family preferences that the service should be aware of i.e. diet, culture, religion, etc. Please Outline

It is recommended that parents give careful consideration to the age, maturity and safety of the child/children prior to signing this section. For primary students only.

I give permission for my child/children to travel alone to and from the service. I understand that the OSHC Director will sign my child in and out of the program and the arrival and departure time will be noted. i.e.; riding bike to school or home from school.

Child/Children's name(s): _____

Parent/Guardian signature _____ Date: _____

By signing this form below, parents/families agree to the following:

I agree to pay the required fees for my child's/children's booked care to the OSHC Service.

I have read the services "Family Handbook" and agree to comply with the services policies and procedures as outlined.

In an emergency if I am unable to be contacted I give permission for medication to be administered to my child. I understand that this will be only after permission is received from a medical practitioner.

I certify that the information entered on these forms is true to the best of my knowledge and I undertake to inform the OSHC service if any of these details change.

Parent/Guardian Signature: _____ Date: _____

Linden Park Outside School Hours Care CENSUS information

Children's Name(s)

ATTENDANCE REASONS/SPECIAL NEEDS (Children's Services and other Government agencies request this information for census purposes. This information remains confidential)

Please tick appropriate box(es):

Attendance Reasons:

Single Parent Studying	01	<input type="checkbox"/>
Single Parent Working	02	<input type="checkbox"/>
Both Parents Studying	03	<input type="checkbox"/>
Both Parents Working	04	<input type="checkbox"/>
One Parent Working/One Studying	05	<input type="checkbox"/>
Respite Purposes	06	<input type="checkbox"/>
At Risk/Referral	07	<input type="checkbox"/>
Parent Disability	11	<input type="checkbox"/>
Child Disability	12	<input type="checkbox"/>
Other	88	<input type="checkbox"/>
Not Known	99	<input type="checkbox"/>

Special Needs:

Hearing Impairment	01	<input type="checkbox"/>
Visual Impairment	02	<input type="checkbox"/>
Physical Disability	03	<input type="checkbox"/>
Speech & Language	04	<input type="checkbox"/>
Emotional/Behaviour	05	<input type="checkbox"/>
Special Family Needs	04	<input type="checkbox"/>
Gifted	07	<input type="checkbox"/>
Geographic Isolation	09	<input type="checkbox"/>
Health/Medical		
Condition	10	<input type="checkbox"/>
Intellectual Disability	11	<input type="checkbox"/>
Special Diet	12	<input type="checkbox"/>

Special Needs Cont...

Severe Multiple Disability	13	<input type="checkbox"/>
Attention Deficit Hyperactivity Disorder (ADHD)	14	<input type="checkbox"/>
Other	88	<input type="checkbox"/>