

CHILDCARE ENROLMENT RECORD

Privacy Consent Form

In December 2000 an amendment act was passed through the Federal Parliament relating to the Privacy Act. This amendment came into effect on 21st December 2001.

We require your consent to collect personal information about you and your child/children. Please read the following information carefully and sign where indicated below.

The Kyneton and Community Learning Centre Inc. collects information from you for the primary purpose of providing quality child care. We require you to provide us with details so that we may properly attend to your child/children's needs. This means we will use the information you provide in the following ways:

- Administrative purposes in running our Child Care Centre
- Billing Purposes,
- Disclosure to others involved in child care including the Commonwealth Department of Family Services and the Department of Family and Community Services
- Emergency situations whereby staff/hospitals require access to a child/children's records for appropriate purpose.

I have read the information above and understand the reasons why my and my children's information must be collected. I am also aware that the Kyneton Community and Learning Centre has a privacy policy on handling information.

I understand that I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of the care and treatment given to my child/children.

I am aware of my right to access the information collected about my child/children, except in some circumstances where access might legitimately be withheld. I understand I will be given an explanation in these circumstances.

I consent to the handling of information by the Kyneton and Community Learning Centre Inc. for the purposes set out above, subject to any limitation on access or disclosure that I notify this Centre of.

Parent's Name: _____

(Please print)

Signed: _____



MEDICAL/EMERGENCY DETAILS:

There may be times when your child has an accident, injury, trauma or illness and you (the parent or guardian) cannot be contacted. To deal with this situation please list people who you authorise to collect and care for your child should an accident, injury, trauma or illness occur.

Emergency Contact (additional to parents):

Name: _____

Phone No: _____

Relationship to child: _____

Name of Child's Doctor: _____

Address: _____

Phone No: _____

Ambulance Membership No.: _____ Medicare No/Ref Number: _____ Exp:

Health Card Holder: YES / NO

Does your child have any allergies, medical conditions or medications? YES / NO

If yes, please give details:

Does your child have any dietary restrictions: YES / NO

If yes, please give details:

Please note only a **legal guardian** or **parent** has authority to consent to medical treatment or administration of medication for the child.

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CHILD'S IMMUNISATION RECORD:

Has your child been immunised: YES / NO

If yes, please attach a copy of your child's Immunisation Record.

Staff Signature: _____ **Date:** _____

MEDICAL AUTHORITY:

I _____ a person with lawful authority of the child referred to in this enrolment form,

Declare that the information in this enrolment form is true and correct and undertake to immediately inform the Kyneton and Community Learning Centre in the event of any change to this information;

Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell at the Centre;

Consent to the staff of the Kyneton and Community Learning Centre seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the Centre

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____



Schedule 3 – Enrolment addendum for children under 18 years.

Child's Name: _____ Child's Date of Birth: / /

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licensed children's services may use this form to collect the child's enrolment information as required in regulations 31 to 35.

Health information

Does your child have any special needs?	
<i>If yes please provide details of any special needs and any management procedure to be followed with respect to the special need.</i>	
Anaphylaxis	
Has your child been diagnosed at risk of anaphylaxis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have an auto injection device (eg EpiPen®)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the anaphylaxis medical management plan been provided to the service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a risk management plan been completed by the service in consultation with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form. More information can be found at www.education.vic.gov.au/anaphylaxis.</i>	
Does your child have a health record?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please provide to the service for sighting.</i>	
<i>Child health record means a record that documents a child's health and development assessments and immunisations.</i>	
Name and position of person at the children's service who has sighted the child's health record. _____	

Confidentiality of enrolment records

The proprietor of the children's service and/ or the Program Co-ordinator, must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children's Services Regulations 2009 (regulation 35(1) (d-e))

I _____ (name) declare as the person with lawful authority of the child referred to in this enrolment form that the information provided is true and correct and undertake to immediately inform the service in the event of any change to this information.

Parent's signature: _____ Date: _____

Lawful Authority
Parents
All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Children's Services Regulations 2009 refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.
Guardians
A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the *Children's Services Act 1996* also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-today care and control of the child.



**KYNETON COMMUNITY
& LEARNING CENTRE INC**

34 MOLLISON STREET, KYNETON VIC 3444

ABN: 68 752 983 345

ASSOCIATION No.: A0019409X | Toid 6489

T (03) 5422 3433 | F (03) 5422 3602

admin@kynetonclc.org.au | www.kynetonclc.org.au

PHOTOGRAPH CONSENT FORM

I give permission for _____

to have his/her photograph taken with the full knowledge that it may appear in print.

Parent/Guardian: _____

Relationship to child: _____

Signed: _____

Dated: _____



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General

I/We give permission for my child _____ to

Have SPF30+ sunscreen applied prior to sun exposure (supplied by parents if there is a specific brand required)

YES / NO

Have Band-Aids or sticking plasters applied when necessary. **YES / NO**

Have staff apply Nappy Cream/Paste (supplied by parents) **YES / NO**

Have staff apply Teething Gel (supplied by parents) **YES / NO**

Have staff apply Insect Repellent (supplied by parents) **YES / NO**

PARENT/GUARDIAN NAME _____

SIGNED - PARENT/GUARDIAN

SIGNED - Staff Witness

____/

Date