

❖❖ **Broadmeadow Montessori Children's House** ❖❖

Permissions/Authorisations

Privacy Statement

The information you give to us in this enrolment form is regarded as confidential and shall only be viewed by primary contact staff and nominated representatives from the following authorities:

- Representatives of ACECQA (The Australian Education and Care Quality Authority)
- Dept. of Education and Communities (DEC)
- Dept. of Education Employment and Workplace Relations (DEEWR)
- Centrelink

I authorise viewing of my child's information by the primary contact staff and the authorities listed above:

Child's Name..... DOB.....

Signed :.....(Please print name):..... Date:../../.....

(Parent/Guardian)

All personal information is kept in a secure place to protect it from unauthorised access, modification or disclosure. You are entitled to access personal and private information kept about you and your family on request, and you may ask for inaccurate information to be up-dated or corrected.

All Broadmeadow Montessori staff, volunteers and students are required to comply with the Privacy Act 2000 and amendments in March 2014

Information Agreement

I have thoroughly read through the Broadmeadow Montessori Enrolment Forms and the Information Booklet and have familiarised myself with them. I will make myself familiar with centre Policies and Procedures and I know that suggestions to improve these are always welcome either in person or anonymously in the suggestion box.

I/We are hereby willing to accept them as a condition of enrolling our child in the Centre.

Signed (Parent1/Guardian)..... Signed (Parent2/Guardian).....

Name (print)..... Name (print).....

Date Date

Non Vaccinated Children (only)

I understand that in the event of an outbreak of a vaccine-preventable disease at the centre, the Management has to notify the Department of Health of any non-immunised children attending and that as my child is not immunised he/she may be excluded from the Centre for such time as the Department deems necessary. I also understand that the daily fee will still be payable to reserve my child's place with the Centre.

Not Applicable / I understand the need to exclude my child during outbreaks of a vaccine preventable diseases and I will comply with requests for exclusion.

Signed..... Name Date.....

Fees

I understand and agree to these fee policy terms and agree to comply with them. I understand that a place will not be held for my child unless my fees are kept up to date.

Signed (Parent1/Guardian)..... Signed (Parent2/Guardian).....

Name (print)..... Name (print).....

Date Date

Health Plan

I give permission for my child's health plan to be displayed in the centre

Signed:..... Name:.....Date:/...../.....

Agreement that child will be picked up ASAP when she/he becomes sick while in care

I agree to collect, or make arrangements for collection of the child referred to in this enrolment form within one hour of notification if she/he becomes unwell at the service

Signed:..... Name:.....Date:/...../.....

Permission for Administration Of Panadol

I hereby give permission for my child to be administered a single dose of Children's Panadol in a situation where his/her temperature has spiked to 38 C or above and the centre is waiting for my arrival to seek medical attention

Signed:..... Name:.....Date:/...../.....

Sun Protection

I agree to bring my child to the centre with sunscreen applied during the period of the Summer Program and I give permission for sunscreen to be reapplied during the day.

(If your child has sensitive skin and you would prefer that they use their own sunscreen please supply this, clearly labelled to the centre, together with A MSDS Sheet).

If you would prefer that your child not use sunscreen, please inform educators and be prepared to prepare a risk assessment to help us to protect your child from UV damage to their skin.

Signed:..... Name:.....Date:/...../.....

Application of Sunscreen Or Insect Repellent

A 50+ sunblock will be applied to your child before they return to outdoor play. During the summer months you will need to apply a first application before, or on arrival at the centre.

Please advise educators if you wish to use your own special brand. If you do not wish sunblock applied please let us know and we will need to discuss sun safe strategies and put in place an Action Plan.

Insect repellent is only applied on parental request and must be provided by the family.

I understand that the approved provider, responsible person or educators, are not responsible for any adverse reaction my child may have to the sunblock or insect repellent used.

Signed..... Name Date.....

(Parent/Guardian)

Excursions

Under licensing regulations we are permitted to conduct routine excursions in the local area that require general consent, but do not require specific consent each time we leave the centre. However a *Risk Assessment* must be undertaken for every event when children are to leave the centre premises.

Examples of local excursions might include a walk around the block, to a park, to nearby attractions like the station, helicopter base or industrial area, in order to observe different activities and environments. These are usually for a short periods of time.

We like to ensure a higher adult/child ratio than in class for an excursion so you may like to consider being available to accompany us. The excursion may include the whole group or smaller groups depending on the destination and reason for the excursion. Educators will always be present (with first aid qualifications) and a first aid kit and emergency pack will also be taken. Where applicable we will also notify you ahead of time when we plan to go somewhere (on noticeboard etc.), otherwise at the conclusion we shall leave information about where we have been.

If you have any questions about these excursions please talk to educators.

I give permission for my child..... to participate in routine excursions from the Centre. I have read the conditions above which are acceptable.

Signed Name.....Date:...../...../.....

I am/am not available to be contacted at short notice to accompany excursions on the following

days:.....Phone no.....

Signed:..... Name:.....Date:/...../.....

Permissions for Educators to Act in Case of Emergency or Accident

In the unlikely event of an accident or illness requiring **emergency** medical, dental, or hospital treatment, or ambulance service, every effort will be made to contact families as we are seeking such treatment.

However, should this prove impossible, it is necessary for authority to be given for the treatment to be undertaken. Families are asked to complete and sign the following:

I authorise the educators of the centre to seek **emergency** medical, dental, or hospital treatment for my child..... should this be considered necessary.

I will reimburse any expenses incurred by the children’s service.

In the event of a medical emergency which is deemed life threatening, an ambulance will be called as a first priority, prior to contacting family. We recommend that all children attending BMCH should have ambulance cover.

I agree to all of the above conditions.

Signed:..... Name:.....Date:/...../.....

NOTE: For children living in two family homes a Medical Emergency Authorisation form is required from both. If this applies to your child please make arrangements for the second responsible Parent/Guardian to sign below.

Signed (Parent1/Guardian)..... Signed (Parent2/Guardian).....

Name (print)..... Name (print).....

Date Date

ADMINISTERING MEDICATION AT THE CENTRE – Medication Forms need to be completed

Prescribed medication will need to be presented in the original container with the child’s name and be within the expiry period. The medication form will need to clearly state dose to be administered.

Natural therapy medication not prescribed by a registered doctor or pharmacist, will require a supporting letter from parent or therapist, detailing what is in the preparation and why it has been prescribed. A **medication form** will need to be filled out. I understand that if the details are filled out incorrectly or left blank or if the medication does not meet the standards of the centre

Over the Counter Medications are generally for short term use only. They need to be accompanied by a current (within 6 months) dated Doctors letter stating the name, dosage and reasons for the medication. The child will need to be well enough to attend the Centre.

A **medication form** will need to be filled out.

Signed (Parent1/Guardian)..... Signed (Parent2/Guardian).....

Name (print)..... Name (print).....

Date Date

General Permissions/Agreements

I give permission for my child to be observed by the Educators of the Centre and students supervised by the Educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an Educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator being present.

Signed:..... Name:.....Date:/...../.....

I agree that photographs, videos and sound recordings of my child may be made and included in their own and other children's learning and assessment records (group activities)

Signed:..... Name:.....Date:/...../.....

I agree that photographs, videos and sound recordings of my child may be made by BM and displayed /used within the centre (For anything outside the centre e.g. student records, testing or questioning of my child individual permission will be sought)

Signed:..... Name:.....Date:/...../.....

I agree to endeavour to complete and return Surveys and Questionnaires in relation to the centre

Signed:..... Name:.....Date:/...../.....