



## IMPORTANT INFORMATION UPDATE FORM

**CHILD'S FULL NAME:** ..... **SEX:** Male / Female

**DATE OF BIRTH:** ..... **COUNTRY OF BIRTH:** .....

**ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT:** YES / NO

**ADDRESS:** .....

**TELEPHONES:** ( ) .....

**FAMILY ASSISTANCE DETAILS:** **CENTRELINK GUARDIAN CRN NO.:** .....

**CENTRELINK CHILD CRN NO.:** .....

### PARENTS

**FATHERS FULL NAME:** ..... **OCCUPATION:** .....

**HOME ADDRESS:** ..... **PHONE:** .....

**NAME & ADDRESS OF WORK:** .....

**WORK PHONE:** ..... **MOBILE:** .....

**EMAIL:** .....

**MOTHER'S FULL NAME:** ..... **OCCUPATION:** .....

**HOME ADDRESS:** ..... **PHONE:** .....

**NAME & ADDRESS OF WORK:** .....

**WORK PHONE:** ..... **MOBILE:** .....

**EMAIL:** .....

### EMERGENCY CONTACTS *(people authorised to pick up your child from the centre)*

1. **FULL NAME:** .....

**ADDRESS:** .....

**TELEPHONES:** .....

2. **FULL NAME:** .....

**ADDRESS:** .....

**TELEPHONES:** .....

3. **FULL NAME:** .....

**ADDRESS:** .....

**TELEPHONES:** .....

### MEDICAL CONTACTS

**CHILD'S DOCTOR:** ..... **TELEPHONE:** .....

**ADDRESS:** .....

## PHOTOGRAPHS

I \_\_\_\_\_  give OR  do not give permission for the centre to use photographs of my child \_\_\_\_\_ in the centre website, closed/private Facebook Group, newsletters, newspaper articles or promotional material (e.g. advertising flyer).

Signed \_\_\_\_\_

## EXCURSION PERMISSION TO VISIT PADDOCK AT REAR OF CENTRE

I \_\_\_\_\_  give OR  do not give permission for my child \_\_\_\_\_ to leave the licensed premises to visit the vegetable garden, worm farm, chickens or go for a picnic at the parcel of centre owned land beside the building.

Signed: \_\_\_\_\_

## MEDICAL CONDITIONS UPDATE

If your child has asthma or anaphylaxis, we MUST have a health management plan on the premises signed by a Doctor with their prescribed medication.

Name:

DOB:

Age:

Medical Condition:

Medication required:

First Aid Required:

# CHILDREN'S HEALTH AND SAFETY

Please make yourself aware of our policies which are located in the foyer in a folder.

No one is happy when their child catches a bacterial or viral infection from child care, so it is in everyone's best interest to keep sick and contagious children at home and follow the following basic precautions.

The centre does not have separate facilities for the care of sick children. Parents are asked not to send sick children to the centre. More importantly, staff/child ratios prevent staff from providing the degree of individual care and comfort that an unwell child deserves. Staff will ask you to collect your child if it is felt that they are 'physically unwell'. This includes displaying symptoms of fever, mucous discharge from nose or ears, rashes and/or general lethargy.

## **Please Do Not Send Your Child If He/She Has:**

**Diarrhoea** - A child who has an acute period of watery stools should be kept home and not return to the centre until he/she has been free of diarrhoea for 24 hours. If, however your child has an allergy or condition which regularly causes diarrhoea, please inform staff at the time of enrolment.

**Vomiting** - A child who is vomiting should be kept home until vomiting has stopped for 24 hours.

Micro-organisms that cause vomiting and diarrhoea are highly contagious and will spread quickly throughout the centre.

**Fever** - A child with a fever of more than 38°C should be kept home as this indicates that the child is unwell. It is advised that the child should have a normal temperature for 24 hours and his/her activity level and appetite have returned to normal before returning to the Centre.

**Unexplained Rash** - A child with unexplained rash needs to be seen by a Doctor to diagnose the cause of the rash. If the rash is not contagious the child will be allowed to return to the centre on presentation of a medical certificate.

**Chicken Pox** - A child with chicken pox should be excluded until fully recovered or for at least five days after the eruption first appears - a clearance certificate from the Doctor is required before recommencement to the centre.

**Conjunctivitis** - A child should be excluded until discharge from eyes has ceased, usually 48 hours after commencing prescribed eye drops (please note that over the counter drops are not as effective in treating the symptoms of conjunctivitis).

**Hand, Foot and Mouth Disease** - A child should be excluded until all blisters have dried - a clearance certificate from the Doctor is required before recommencement to the centre.

**Head Lice** - If a child has live head lice present, they are to be excluded from the Centre until treatment has commenced and all live lice and eggs have been removed (the most important part of the treatment is the removal of eggs with a comb; -treatment alone does not remove the lice and eggs).

*Source: NHMRC 'Staying Healthy in Childcare'- Dept of Health and Family Services.*

## **ASTHMA, ANAPHYLAXIS & DIABETES**

If a child suffers from asthma, anaphylaxis or diabetes, upon enrolment, parents must supply the Centre with a '**Medical Conditions Action Plan**' from the child's doctor. Details required must include symptoms and signs, triggers, name of medication, how to administer medication and an emergency action plan.

Any medications such as pumps, inhalers, insulin or epipens etc., should be clearly labelled with the child's name.

This medication can either be kept at the Centre or brought in each day your child attends and handed to staff.

## **24 HOUR EXCLUSION POLICY**

Where medication has been prescribed to a child, the child must not attend the centre for 24 hours.

This is a precaution against a reaction to the medicine and to minimise the spread of infection.

## **IMMUNISATIONS**

Your child's immunisation must be up to date, and your child's immunisation book will need to be shown to Administration Staff at the time of enrolment and when new information has been added. Immunisations must be kept up to date while your child is at the Centre.

## **MEDICATIONS**

To protect your child from incorrect administration of medications, strict policies have been developed.

Children may only be given medications at the centre if:

1. The medication was prescribed by a medical practitioner and is in the original container labelled by the pharmacy, with the child's name, the dosage and within the use-by date.
2. Parents complete and sign the Medication Form authorising staff to administer the medication. Medications will not be given if parents fail to complete the medication form.
3. Over the counter type medications (e.g. Dimetapp) will only be given when a medical practitioner prescribed it and it is in the original container labelled by the pharmacy, with the child's name, the dosage and within the use-by date.
4. Medications must be stored in the locked area within the kitchen. Please see a staff member to assist you if need be. **NO MEDICATIONS ARE TO BE LEFT IN YOUR CHILD'S BAG.**



## Complying Written Arrangement for Child Care Subsidy

Dear families, please confirm acceptance of the following items so that our Service can receive Child Care funding on your behalf and reduce your fees.

### Parties to the Agreement

Between	Insert Parent Guardian first name, last name and address
And	Silverdale Child Care Centre ABN 86 119 545 238
For the Care of	Insert child first name, last name, DOB and start date
By	Silverdale Child Care Centre 131 Taylors Road, Silverdale NSW 2752 PH: 0247742520 E: kasie@silverdaleccc.com.au

### Routine/ongoing care

Day	Care Required	Approximate Session start	Approximate Session end	Fee	Unit
Monday	yes/no	: am	: pm	refer fee schedule	Session
Tuesday	yes/no	: am	: pm	refer fee schedule	Session
Wednesday	yes/no	: am	: pm	refer fee schedule	Session
Thursday	yes/no	: am	: pm	refer fee schedule	Session
Friday	yes/no	: am	: pm	refer fee schedule	Session

### Casual/flexible care

Day	Fee	Unit
Any	refer fee schedule	Session

I confirm:

- the details I have provided above are true and correct
- I have agreed to the days of care and the start and end times of these sessions
- care may be provided on a casual or flexible basis where available at the Service in addition to routine care and
- I am liable to pay fees for my child's care as indicated above and in line with other information the Service makes available to me (such as a Fee Schedule) which are subject to change over time based on advice from the Provider.

\_\_\_\_\_  
Parent/Guardian Signature

Date / /