

# 2019 Enrolment Form

All **NEW** children are required to have a completed  
2019 Enrolment Form  
to secure a place for the new year.

## To secure booking please:

Indicate the start date and days required for next year. You will receive a confirmation of enrolment email upon processing.

Please complete **all areas** on the form, as all areas are required to be added into our system. We understand this is a time consuming process, but we are required by law to have all relevant details in our system.

Please read and complete all sections so you are aware of any changes or updates that have been made.

If you have any questions about this form, contact the OSHC office at (07) 3352 6007 or email us at [kgoshc@bigpond.com](mailto:kgoshc@bigpond.com)

## Enrolment Form:

This enrolment form asks for personal information about your child/ren as well as about family members and others that provide care for your child/ren.

This information is required for Kelvin Grove SC Outside School Hours Care to enrol your child/ren and to allocate staff and resources to provide for their care and support.

All staff/educators at Kelvin Grove SC Outside School Hours Care are required by law to protect the information provided on this enrolment form.

## Health information:

So staff/educators at the service can properly care for your child, this form asks you to tell us about any condition including allergies and asthma that your child/ren may have, any medication they may rely on while at Kelvin Grove SC Outside School Hours Care, and contact details of your family doctor.

Kelvin Grove SC Outside School Hours Care depends on you to provide all relevant information: withholding some health information may put your child's health at risk.

We require completion of additional Medical Conditions forms (as listed on the enrolment form) prior to confirming enrolment. We will require all medication to be stored on site when the child/ren is attending Kelvin Grove SC Outside School Hours Care to properly care for your child.

### Family arrangements:

Kelvin Grove SC Outside School Hours Care requires information about parents, guardians or carers so that we can take account of family arrangements.

Any Family Court Orders setting out any access restrictions and parenting plans must be made available to the service.

Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Coordinator if you would like to discuss, in strict confidence, any matters relating to family arrangements.

### Emergency Contacts:

These are people that Kelvin Grove SC Outside School Hours Care may need to contact in an emergency other than Parents/Guardians. Please ensure that the people named are aware that they have been nominated as emergency contacts and have agreed to their details being provided to Kelvin Grove SC Outside School Hours Care.

**Please note:** Should you require further emergency contacts / authorised collection, please email [kgoshc@bigpond.com](mailto:kgoshc@bigpond.com) with your request.

### Qikkids Kiosk:

This is the electronic iPad program we use here at Kelvin Grove State College OSHC and all authorised contacts are required to sign child/ren in/out as appropriate using the Qikkids. All authorised contacts are set up in Qikkids with their own phone number and pin codes. Do not give your phone number and pin code to anyone else, including other family members.

### Updating Your Child's Records:

Please let Kelvin Grove SC Outside School Hours Care know if any information needs to be changed (email, address, phone numbers) throughout the year by sending updated information to the Coordinator.

### Access to Your Child's Records Held by Kelvin Grove SC Outside School Hours Care:

In most circumstances a parent or guardian can access their child's records. Please contact the Coordinator to if you wish to do so. Some information, such as information provided by someone else, may not be accessible to parents or guardians.

We look forward to meeting you next year.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Child Details

Child One	Surname: _____		First Name: _____		
	Date of Birth: ____/____/____		Grade: _____		
	Customer Reference Number (CRN): _____			Gender: Male / Female	
	Cultural Background: _____		Country of Birth: _____		
	Language Spoken at Home (other than English): _____				
Days of attendance: Please mark with a tick	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					
Vacation Care ONLY [ ]	<i>Bookings are specific to each holiday period and will need to be submitted on vacation care booking forms prior to vacation care period. You will not be allocated vacation care spaces based on this enrolment form.</i>				
Care type: Permanent bookings / Casual bookings			Booking start date: ____/____/____		
Special care details: Alternate weeks of care [ ]			Other Details: _____		

### Medical / Personal History:

Is this child fully immunised?	[ ] YES / [ ] NO (Please provide a copy of this child's immunisation record for first time enrolment)		
Does this child have an allergy? [ ] YES / [ ] NO	<input type="checkbox"/> Anaphylaxis <i>If the allergy is food related, can the child eat foods with 'may contain traces of'</i> <input type="checkbox"/> YES / [ ] NO  <b>You will need to provide an action plan and epi pen</b> Please complete Anaphylaxis (FCPAN1) Form	<input type="checkbox"/> Allergy: non anaphylaxis <i>If the allergy is food related, can the child eat foods with 'may contain traces of'</i> <input type="checkbox"/> YES / [ ] NO  <b>Please complete Allergies (FCPAL2) Form</b>	<input type="checkbox"/> Other Please explain below:
If NO, move to the next question			
Does this child have a medical condition? [ ] YES / [ ] NO	<input type="checkbox"/> Asthma  <b>You will need to provide an action plan and puffer</b> Please complete Asthma (FCPAS3) Form	<input type="checkbox"/> Behavioural Please explain below:	<input type="checkbox"/> Other Please explain below:
If NO, move to the next question			

Does this child require medication that the service will be required to administer? <input type="checkbox"/> YES / <input type="checkbox"/> NO	<input type="checkbox"/> YES / <input type="checkbox"/> NO Please explain below:  <b>Please complete Medication Authority (MAF1) Form</b>					
Dietary Requirements? <input type="checkbox"/> YES / <input type="checkbox"/> NO  If NO, move to the next question	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> No Pork	<input type="checkbox"/> No Beef	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Lactose Free	<input type="checkbox"/> Other

### Special Considerations

Do you consent for your child to have their face painted by staff if they wish to participate in face painting activities.	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Is your child of Aboriginal or Torres Strait Islander origin?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Are there any cultural / religious issues that you would like the service staff to be aware of? <i>If yes, please provide details:</i> _____	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Are there any behavioural issues that you would like the service staff to be aware of? <i>If yes, please provide details:</i> _____	YES <input type="checkbox"/> / NO <input type="checkbox"/>
What are your child's hobbies? _____ _____	
Please provide details that may help us support and contribute to your child's physical, social, cultural, religious, emotional or any other interests, views, individual needs and abilities. _____ _____ _____	

## Child Details

Child Two	Surname: _____		First Name: _____		
	Date of Birth: ____/____/____		Grade: _____		
	Customer Reference Number (CRN): _____			Gender: Male / Female	
	Cultural Background: _____		Country of Birth: _____		
	Language Spoken at Home (other than English): _____				
Days of attendance: Please mark with a tick	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					
Vacation Care ONLY [ ]	<i>Bookings are specific to each holiday period and will need to be submitted on vacation care booking forms prior to vacation care period. You will not be allocated vacation care spaces based on this enrolment form.</i>				
Care type: Permanent bookings / Casual bookings			Booking start date: ____/____/____		
Special care details: Alternate weeks of care [ ]			Other Details: _____		

### Medical / Personal History:

Is this child fully immunised?	[ ] YES / [ ] NO (Please provide a copy of this child's immunisation record for first time enrolment)		
Does this child have an allergy? [ ] YES / [ ] NO	<input type="checkbox"/> Anaphylaxis <i>If the allergy is food related, can the child eat foods with 'may contain traces of'</i> <input type="checkbox"/> YES / [ ] NO  <b>You will need to provide an action plan and epi pen</b> Please complete Anaphylaxis (FCPAN1) Form	<input type="checkbox"/> Allergy: non anaphylaxis <i>If the allergy is food related, can the child eat foods with 'may contain traces of'</i> <input type="checkbox"/> YES / [ ] NO  <b>Please complete Allergies (FCPAL2) Form</b>	<input type="checkbox"/> Other Please explain below:
If NO, move to the next question			
Does this child have a medical condition? [ ] YES / [ ] NO	<input type="checkbox"/> Asthma  <b>You will need to provide an action plan and puffer</b> Please complete Asthma (FCPAS3) Form	<input type="checkbox"/> Behavioural Please explain below:	<input type="checkbox"/> Other Please explain below:
If NO, move to the next question			

Does this child require medication that the service will be required to administer? <input type="checkbox"/> YES / <input type="checkbox"/> NO	<input type="checkbox"/> YES / <input type="checkbox"/> NO Please explain below:  <b>Please complete Medication Authority (MAF1) Form</b>					
Dietary Requirements? <input type="checkbox"/> YES / <input type="checkbox"/> NO  If NO, move to the next question	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> No Pork	<input type="checkbox"/> No Beef	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Lactose Free	<input type="checkbox"/> Other

## Special Considerations

Do you consent for your child to have their face painted by staff if they wish to participate in face painting activities.	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Is your child of Aboriginal or Torres Strait Islander origin?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Are there any cultural / religious issues that you would like the service staff to be aware of? <i>If yes, please provide details:</i> _____	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Are there any behavioural issues that you would like the service staff to be aware of? <i>If yes, please provide details:</i> _____	YES <input type="checkbox"/> / NO <input type="checkbox"/>
What are your child's hobbies? _____ _____	
Please provide details that may help us support and contribute to your child's physical, social, cultural, religious, emotional or any other interests, views, individual needs and abilities. _____ _____ _____ _____	

## Child Details

Child Three	Surname: _____		First Name: _____		
	Date of Birth: ____/____/____		Grade: _____		
	Customer Reference Number (CRN): _____			Gender: Male / Female	
	Cultural Background: _____		Country of Birth: _____		
	Language Spoken at Home (other than English): _____				
Days of attendance: Please mark with a tick	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					
Vacation Care ONLY [ ]	<i>Bookings are specific to each holiday period and will need to be submitted on vacation care booking forms prior to vacation care period. You will not be allocated vacation care spaces based on this enrolment form.</i>				
Care type: Permanent bookings / Casual bookings			Booking start date: ____/____/____		
Special care details: Alternate weeks of care [ ]			Other Details: _____		

### Medical / Personal History:

Is this child fully immunised?	[ ] YES / [ ] NO (Please provide a copy of this child's immunisation record for first time enrolment)		
Does this child have an allergy? [ ] YES / [ ] NO	<input type="checkbox"/> Anaphylaxis <i>If the allergy is food related, can the child eat foods with 'may contain traces of'</i> <input type="checkbox"/> YES / [ ] NO  <b>You will need to provide an action plan and epi pen</b> Please complete Anaphylaxis (FCPAN1) Form	<input type="checkbox"/> Allergy: non anaphylaxis <i>If the allergy is food related, can the child eat foods with 'may contain traces of'</i> <input type="checkbox"/> YES / [ ] NO  <b>Please complete Allergies (FCPAL2) Form</b>	<input type="checkbox"/> Other Please explain below:
If NO, move to the next question			
Does this child have a medical condition? [ ] YES / [ ] NO	<input type="checkbox"/> Asthma  <b>You will need to provide an action plan and puffer</b> Please complete Asthma (FCPAS3) Form	<input type="checkbox"/> Behavioural Please explain below:	<input type="checkbox"/> Other Please explain below:
If NO, move to the next question			

Does this child require medication that the service will be required to administer? [ ] YES / [ ] NO	[ ] YES / [ ] NO Please explain below:  <b>Please complete Medication Authority (MAF1) Form</b>					
Dietary Requirements? [ ] YES / [ ] NO  If NO, move to the next question	[ ] Vegetarian	[ ] No Pork	[ ] No Beef	[ ] Gluten Free	[ ] Lactose Free	[ ] Other

## Special Considerations

Do you consent for your child to have their face painted by staff if they wish to participate in face painting activities.	YES [ ] / NO [ ]
Is your child of Aboriginal or Torres Strait Islander origin?	YES [ ] / NO [ ]
Are there any cultural / religious issues that you would like the service staff to be aware of? <i>If yes, please provide details:</i> _____	YES [ ] / NO [ ]
Are there any behavioural issues that you would like the service staff to be aware of? <i>If yes, please provide details:</i> _____	YES [ ] / NO [ ]
What are your child's hobbies? _____ _____	
Please provide details that may help us support and contribute to your child's physical, social, cultural, religious, emotional or any other interests, views, individual needs and abilities. _____ _____ _____ _____	



## Parent / Guardian Details

You must provide AT LEAST two (2) contact numbers for each guardian i.e. mobile and work phone numbers in case of an emergency. Work information is very important to us we may need to use it in the case of an emergency or if your child fails to arrive at After School Care. If your child is absent and we cannot contact you to ascertain that they are safe, we are required to notify the Police.

Parent / Guardian 1	Surname: _____	Gender: Male / Female
	First Name: _____	
	Customer Reference Number (CRN): _____	
	Date of Birth: ____/____/____	
First point of emergency contact: [ ] 1 [ ] 2	Relationship to Child: _____	
Primary account holder: [ ] YES [ ] NO	Address: _____	Postcode: _____
	Home No.: _____	Work No.: _____
		Mobile No.: _____
	Occupation: _____	Employer: _____
	Country of Birth: _____	
	Email Address: _____	
	Accounts are issued weekly. Our policy states <b>all accounts</b> must be paid one week in advance. You will receive your account by email unless otherwise requested in writing to the Coordinator.	Add to Service Family Email List: [ ]

Parent / Guardian 2	Surname: _____	Gender: Male / Female
	First Name: _____	
	Customer Reference Number (CRN): _____	
	Date of Birth: ____/____/____	
First point of emergency contact: [ ] 1 [ ] 2	Relationship to Child: _____	
Primary account holder: [ ] YES [ ] NO	Address: _____	Postcode: _____
	Home No.: _____	Work No.: _____
		Mobile No.: _____
	Occupation: _____	Employer: _____
	Country of Birth: _____	
	Email Address: _____	
	Accounts are issued weekly. Our policy states <b>all accounts</b> must be paid one week in advance. You will receive your account by email unless otherwise requested in writing to the Coordinator.	Add to Service Family Email List: [ ]

## Parenting Orders

Are there any custody or consent orders?	YES [ ] / NO [ ]	<i>Please provide a certified, up to date copy to the office.</i>
Can the other parent collect the child/ren?	YES [ ] / NO [ ]	

## Parent Involvement

We encourage parents and guardians to be involved in our program. If you have any skills or hobbies that you could share with the children please list them. This could include your profession, which the children may find interesting.

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## Medical Contact Details

When seeking medical treatment, health professionals are increasingly requesting child care services to provide the following information before treating a child. Please assist us to provide timely treatment by providing the necessary information. This information is especially important if during an emergency, paramedics need to contact your Family Doctor.

Medicare Number: _____	Private Health Fund: _____
Doctor Surgery Name: _____	Surgery Contact Number: _____
Hospital Preference: _____	

## Emergency Contacts / Authorised to Collect Details

*(other than those already listed as Parent / Guardians on Page 10)*

Please ensure all contacts you have listed are aware you have placed them as an emergency contact.

1. Only the people noted below may pick up your child unless otherwise arranged.
2. These people are required to produce photo identification when picking up your child at their first visit to the service and subsequently by staff request.
3. **Authorised Nominees/Emergency Contacts must be over the age of 18.** No person under the age of 18 years will be allowed to drop off or pick up your child unless he/she is authorised by you to do so. In this case, you will be requested to complete **a separate authorisation.**
4. Your emergency contacts will be contacted if parent/guardians cannot be reached in an emergency or in the event of a late collection.

### Authorised Contact One

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Home No.: \_\_\_\_\_ Work No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Authority to collect from the Service:	YES [ ] / NO [ ]
Authority to authorise an educator to administer medical treatment:	YES [ ] / NO [ ]
Authority to be notified in the event of an emergency when the guardians cannot be immediately contacted:	YES [ ] / NO [ ]

### Authorised Contact Two

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Home No.: \_\_\_\_\_ Work No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Authority to collect:	YES [ ] / NO [ ]
Authority to authorise an educator to administer medication:	YES [ ] / NO [ ]
Authority to authorise an educator to take child outside of KGOSHC premise:	YES [ ] / NO [ ]

### Authorised Contact Three

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Home No.: \_\_\_\_\_ Work No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Authority to collect:	YES [ ] / NO [ ]
Authority to authorise an educator to administer medication:	YES [ ] / NO [ ]
Authority to authorise an educator to take child outside of KGOSHC premise:	YES [ ] / NO [ ]

# Conditions of Enrolment

## Centrelink

In order to receive the government's new Child Care Subsidy, all CRN holders must supply a DATE OF BIRTH (DOB) to Kelvin Grove SC OSHC. Our primary account holder must be the parent or guardian registered with Centrelink. Since 2 July 2018 there is a new child care package, that includes a new Child Care Subsidy, which replaces the Child Care Benefit and Rebate. It will be paid directly to our service and will make child care more affordable for most families.

**Please indicate below whether or not you will be receiving the Child Care Subsidy from Centrelink.**

I understand the above terms and agree to receive the Child Care Subsidy, if eligible, from Centrelink

I opt-out of receiving the Child Care Subsidy and will pay full fees.

## Confirmation of Childcare Agreement (CWA)

As a part of your enrolment at our service, we require you to confirm acceptance of the following items in order to be able to receive Government funding on your behalf. Acceptance of these items as well as some of the other information in the enrolment form can be used as a Complying Written Arrangement for Child Care Subsidy Purposes.

- I/We acknowledge that my details in the enrolment form, as well as the details of the child I am enrolling are correct.
- I/We have agreed to days of care within the service(s) and understand the start and end times of these sessions of care.
- I/We agree that care may be provided on a casual or flexible basis where available at my service(s) at my request.
- I/We understand that I am liable to pay fees for the care of my child as indicated above and, if applicable, in other information the service has given me (such as a fee schedule or parent handbook) which are subject to change over time based on advice from the provider and acceptance by me.

## Consent to Administer First Aid / Medical

**I/We provide permission for Kelvin Grove SC OSHC educators to apply:**

First aid strips – such as band aids	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Service Sunscreen (Coles SPF50+). We are a SunSmart service and all children will be required to have sunscreen throughout the year. If you select NO, you must provide a bottle of sunscreen for your child to keep at the Service (labelled) and they will be required to use it.	YES <input type="checkbox"/> / NO <input type="checkbox"/>

I/We acknowledge that the Service follows the Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services guidelines, including the exclusion periods for illnesses. I/we acknowledge that my child will not attend the Service if suffering from an infectious or contagious disease and may require a 'clearance certificate' from a medical professional prior to returning to the Service. If my child/ren displays signs of sickness, I will be contacted and requested to collect my child/ren from the Service.

## Medical Emergency

In the case of an accident or emergency, every effort will be made to contact the parent/guardian immediately. In the event that my child requires medical attention including dental emergencies, I/we authorise the employees at Kelvin Grove SC OSHC to obtain/provide medical assistance, and agree as a parent/guardian to pay any medical/transport cost incurred, including ambulance.

## Leave the Premises

I/We provide permission for Kelvin Grove SC OSHC educators to remove my child from the premises in the case of an emergency arising (such as fire) and relocate them to designated safe locations and for my child to participate in organised fire drills.

I/We give permission for my child to be walked or use other forms of transport on excursion outings (with an extra permission slip) and to and from school to the Service.

## Qikkids Kiosk

I/We understand that I am required to sign my child/ren in/out as appropriate using the Qikkids electronic kiosk program. I will keep my PIN private and not give it to anyone, including other family members. I will provide, in writing, the details of anyone other than myself who will be collecting my child/ren so they can be issued with a PIN. This person must show photo ID and must use the kiosk system. Should Qikkids be unavailable, I will sign my child/ren in/out on a paper roll.

## Privacy Permission

**I/We provide permission for Kelvin Grove SC OSHC:**

To take and use photographs of my child to use in any displays within the service (such as Apple TV Display, newsletter)	YES [ ] / NO [ ]
To take and use photographs of my child to use in any displays outside of the service (such as social media, website, email correspondence, enrolment brochures)	YES [ ] / NO [ ]
To take photographs of my child to be used to observe/report on my child.	YES [ ] / NO [ ]
To take and use photographs for use by our employees as part of their studies through TAFE, University or other recognised educational institutions.	YES [ ] / NO [ ]
I/We understand that all information will be treated confidentially, and that my child's full name will not be disclosed with any photography, and that I may exclude any of the specific permissions provided in the above list.	YES [ ] / NO [ ]

## Child Participation

I/We understand that all due care will be taken by Kelvin Grove SC OSHC and that the service or educators will not be held responsible for any loss of or damage to property or injury occurring during the running of the Before School Care, After School Care and Vacation care program unless caused by the proven negligence of Kelvin Grove SC OSHC educators.

I/We the undersigned, approve of my child/ren involvement in Kelvin Grove SC OSHC program.

I/We give permission for my child/ren to participate in Service-based activities organised for the days my child will be attending.

I/We understand that if my child continuously does not adhere to Service Behaviour Management Plan, after guidance procedures have been followed, I will be notified and my child may be removed from the Service.

I/We consent to my child watching movies and television shows rated G or PG that staff deem appropriate.

## Payment Agreement

- I/We acknowledge that a session fee is payable for each session in which my child is enrolled.
- I/We acknowledge that this session fee is payable for the reservation of a position, not the attendance of my child.
- I/We acknowledge that all fees are payable one (1) week in advance of attendance and that normal fees are payable at all times, unless the one (1) week notice period has been received in writing, excluding public holidays.
- I/We acknowledge that if fees are not paid then my child’s enrolment at Kelvin Grove SC OSHC may be terminated.
- I/We acknowledge that extra fees may be charged for late pick-ups, and enrolments may be terminated if patterns occur.
- I/We understand that fees charged may be changed/increased during the time my child is enrolled in care.
- I/We acknowledge that if I decide to withdraw my child from the Centre then I/We will provide two (2) weeks written notice of my intention, and I agree to pay all monies outstanding prior to the withdrawal of my child.
- I/We acknowledge that fee payments are paid via Ezi Debit, Internet Banking or EFTPOS.
- I/We acknowledge that if our direct debit transaction defaults for any reason, all fees associated with the default payment will be incurred and paid for by the account holder.
- I/We understand that failure to regularly pay our fees on time will result in our account being referred to a debt collector where further fees will be incurred.
- I/We understand that it is our responsibility to ensure that our statement is correct, and any discrepancies must be brought to Kelvin Grove SC OSHC attention within 14 days of statement being issued.
- I/We understand that acceptance of enrolment is at the discretion of Kelvin Grove State College P&C Association.

I/We agree that the information I/We have provided on this form is correct.

YES [ ] / NO [ ]

I/We have read the Family Handbook and agree with and understand that I/we must abide by all policies/ procedures and Service daily functioning rules.

I/We understand that I will always follow the Parent Code of Conduct whilst in the service at all times.

I/We understand that children who are third priority under the Priority of Access Guidelines may be required to alter their days or give up their place at the Centre in order to provide a place for a higher priority child. For more information, see Family Handbook.

**I/We understand that any information that requires updating must be relayed to the Coordinator in writing throughout the year.**

Parent / Guardian Signature: _____	Date: ____/____/____
Parent / Guardian Signature: _____	Date: ____/____/____

# 2019 Re Enrolment Form

## STAFF USE ONLY

ALL INFORMATION IS FILLED OUT CORRECTLY

YES [ ] / NO [ ]

ACTION REQUIRED: \_\_\_\_\_

<b>CHILD HAS ASTHMA</b>	<b>YES [ ] / NO [ ]</b>
<input type="checkbox"/> ASTHMA / MEDICAL CONDITIONS POLICY SENT TO PARENT	YES [ ] / NO [ ]
<input type="checkbox"/> ASTHMA ACTION PLAN COMPLETED	YES [ ] / NO [ ]
<input type="checkbox"/> FAMILY COMMUNICATION PLAN COMPLETED	YES [ ] / NO [ ]
<input type="checkbox"/> MEDICATION AUTHORITY AND ADMINISTRATION FORM COMPLETED	YES [ ] / NO [ ]
<input type="checkbox"/> RISK MINIMISATION PLAN COMPLETED	YES [ ] / NO [ ]
<input type="checkbox"/> PHOTO OF CHILD DISPLAYED IN OFFICE / KITCHEN	YES [ ] / NO [ ]
<input type="checkbox"/> UPDATED MEDICAL CONDITIONS FOLDER IN OFFICE / KITCHEN	YES [ ] / NO [ ]
<b>CHILD HAS ANAPHYLAXIS</b>	<b>YES [ ] / NO [ ]</b>
<input type="checkbox"/> ANAPHYLAXIS / MEDICAL CONDITIONS POLICY SENT TO PARENT	YES [ ] / NO [ ]
<input type="checkbox"/> ANAPHYLAXIS ACTION PLAN COMPLETED	YES [ ] / NO [ ]
<input type="checkbox"/> FAMILY COMMUNICATION PLAN COMPLETED	YES [ ] / NO [ ]
<input type="checkbox"/> MEDICATION AUTHORITY AND ADMINISTRATION FORM COMPLETED	YES [ ] / NO [ ]
<input type="checkbox"/> RISK MINIMISATION PLAN COMPLETED	YES [ ] / NO [ ]
<input type="checkbox"/> PHOTO OF CHILD DISPLAYED IN OFFICE / KITCHEN	YES [ ] / NO [ ]
<input type="checkbox"/> UPDATED MEDICAL CONDITIONS FOLDER IN OFFICE / KITCHEN	YES [ ] / NO [ ]
<b>CHILD HAS ALLERGIES (NON LIFE THREATENING)</b>	<b>YES [ ] / NO [ ]</b>
<input type="checkbox"/> ALLERGIES / MEDICAL CONDITIONS POLICY SENT TO PARENT	YES [ ] / NO [ ]
<input type="checkbox"/> ALLERGIES ACTION PLAN COMPLETED	YES [ ] / NO [ ]
<input type="checkbox"/> FAMILY COMMUNICATION PLAN COMPLETED	YES [ ] / NO [ ]
<input type="checkbox"/> MEDICATION AUTHORITY AND ADMINISTRATION FORM COMPLETED (IF NECESSARY)	YES [ ] / NO [ ]
<input type="checkbox"/> RISK MINIMISATION PLAN COMPLETED	YES [ ] / NO [ ]
<input type="checkbox"/> PHOTO OF CHILD DISPLAYED IN OFFICE / KITCHEN	YES [ ] / NO [ ]
<input type="checkbox"/> UPDATED MEDICAL CONDITIONS FOLDER IN OFFICE / KITCHEN	YES [ ] / NO [ ]
<b>CHILD HAS MEDICAL CONDITIONS</b>	<b>YES [ ] / NO [ ]</b>
<input type="checkbox"/> MEDICAL CONDITIONS POLICY SENT TO PARENT	YES [ ] / NO [ ]
<input type="checkbox"/> MEDICATION AUTHORITY AND ADMINISTRATION FORM COMPLETED (IF NECESSARY)	YES [ ] / NO [ ]
<input type="checkbox"/> RISK MINIMISATION PLAN COMPLETED	YES [ ] / NO [ ]
<input type="checkbox"/> PHOTO OF CHILD DISPLAYED IN OFFICE / KITCHEN	YES [ ] / NO [ ]
<input type="checkbox"/> UPDATED MEDICAL CONDITIONS FOLDER IN OFFICE / KITCHEN	YES [ ] / NO [ ]