



Name of student \_\_\_\_\_

Date of Birth \_\_\_\_\_

## PRESCHOOL ENROLMENT FORM

Please complete the details on this form to enrol your child in the preschool program.  
(for eligible children according to the DECD Preschool Enrolment Policy)

### INFORMATION PRIVACY STATEMENT

The Department for Education and Child Development (DECD) is committed to respecting the confidentiality of information provided by children/students and parents, for example, information requested on child/student enrolment forms.

The information in this form is requested to enable DECD to:

- undertake administration and care responsibilities including maintaining emergency contact information
- communicate with you about important matters
- provide first aid and plan for child/student health support requirements
- provide all information required for resource entitlements
- collect necessary statistical information and undertake analysis of the composition and performance of the child/student population
- meet reporting requirements, including to other government authorities and funding agencies.

If organisations are contracted on behalf of DECD to undertake tasks that require access to enrolment data, the contract(s) between DECD and those organisations will include strict confidentiality and disposal provisions.

**The Education and Care Services National Regulations require enrolment records to include the information marked with an asterisk (\*) for each child.** Although some items on the enrolment form are not mandatory to complete under the national regulations, provision of this information will be beneficial to your child's school/preschool for planning and resourcing decisions.

The information provided in enrolment forms is stored securely in local school/preschool and DECD databases. Information from your enrolment form may be transferred electronically from one site to another as your child moves locations between levels of education. Any such transferred information will be updated by information provided on the current enrolment form. While your child is enrolled in a DECD site, other information will be gathered relating to your child's education and wellbeing, for example, records of learning progress, absences from preschool, behaviour, health and social development reports, observations and assessments. The management of this information is governed by Australian, State and DECD policies to ensure the information is used only for the purposes stated above and is secure, private and confidential. Only unidentifiable data is reported to the Commonwealth and DECD may also provide de-identified student information for research, where appropriate, based on DECD operating principles and ethics guidelines. The disclosure of personal information held by Government is regulated by the Information Privacy Principles (see [http://dpc.sa.gov.au/sites/default/files/pubimages/Circulars/PC012\\_Privacy\\_0.pdf](http://dpc.sa.gov.au/sites/default/files/pubimages/Circulars/PC012_Privacy_0.pdf)). Unless required to do so by a law of the State or Commonwealth, as permitted by the Information Privacy Principles or in accordance with the Information Sharing Guidelines (see below), DECD will not otherwise disclose the information to others without your consent.

### INFORMATION SHARING STATEMENT

There will be occasions where sharing information with others outside DECD will be important to your child's educational progress, safety or wellbeing. In these circumstances, DECD follows the SA Government's *Information Sharing: Guidelines for Promoting Safety and Wellbeing (ISG)* [www.ombudsman.sa.gov.au](http://www.ombudsman.sa.gov.au). Under the ISG your consent for the sharing of personal information about your child will be sought and respected in all situations unless:

- it is unsafe / impossible to gain consent or consent has been refused *and*
- without information being shared, a child or children will be at increased risk of serious harm.

The aim of information sharing under the ISG is to protect and promote the safety and wellbeing of children, young people and their families. This site works with parents/caregivers and other agencies/services to achieve that aim. Parents/ caregivers are strongly encouraged to share all information relevant to their child's capacity to enjoy and benefit from education:

- by using the 'any other information' section of this form, and/or
- in discussion with staff at the time of enrolment, and/or
- in discussion with staff at any time in the future.

**Has the person conducting the interview explained the Information Privacy Statement and Information Sharing Statement?**

Parent/Guardian signature

Refer to the occupation groups listed below when completing the questions on pages 5 and 6.

<b>Group 4</b> Other Occupations	<b>Group 3</b> Trades and advanced/ intermediate clerical, sales and service staff	<b>Group 2</b> Other business managers, arts/media/sportspersons and associate professionals	<b>Group 1</b> Senior management in large business organisation, government administration and defence, and qualified professionals
<p><b>Drivers</b> mobile plant, production/processing machinery other machinery operators.</p> <p><b>Hospitality staff</b> hotel service supervisor receptionist waiter bar attendant kitchenhand porter housekeeper</p> <p><b>Office assistants</b> typist word processing data entry business machine operator receptionist office assistant</p> <p><b>Sales assistants</b> sales assistant motor vehicle/caravan/parts salesperson checkout operator cashier bus/train conductor ticket seller service station attendant car rental desk staff street vendor telemarketer shelf stacker</p> <p><b>Assistant/aide</b> trades' assistant school/teacher's aide dental assistant veterinary nurse nursing assistant museum/gallery attendant usher home helper salon assistant animal attendant</p> <p><b>Labourers and related workers</b></p> <p><b>Defence Forces</b> other ranks below senior NCO not included above</p> <p><b>Agriculture, horticulture, forestry, fishing, mining worker</b> farm overseer shearer, wool/hide classer farm hand horse trainer nurseryman greenkeeper gardener tree surgeon forestry/logging worker miner seafarer/fishing hand</p>	<p><b>Tradesmen/women</b> Generally have completed a 4 year Trade Certificate, usually by apprenticeship All tradesmen/women are included in this group</p> <p><b>Clerks</b> bookkeeper bank/PO clerk statistical/actuarial clerk,accounting/claims/audit clerk payroll clerk recording/registry/filing clerk betting clerk stores/inventory clerk purchasing/order clerk freight/ transport/shipping clerk bond clerk customs agent customer services clerk, admissions clerk</p> <p><b>Skilled office staff</b> secretary personal assistant desktop publishing operator switchboard operator</p> <p><b>Skilled sales staff</b> company sales representative auctioneer insurance agent/assessor/loss adjuster market researcher</p> <p><b>Skilled service staff</b> aged/disabled/refugee/child care worker nanny meter reader parking inspector postal worker courier travel agent tour guide flight attendant fitness instructor casino dealer/supervisor</p>	<p><b>Owner/manager</b> farm construction import/export wholesale manufacturing transport real estate business</p> <p><b>Specialist manager</b> finance Engineering Production Personnel industrial relations sales/marketing</p> <p><b>Financial services manager</b> bank branch manager finance/investment/insurance broker credit/loans officer</p> <p><b>Retail sales/services manager</b> shop petrol station restaurant club hotel/motel cinema theatre agency</p> <p><b>Arts/media/sports</b> musician actor dancer painter potter sculptor journalist author media presenter photographer designer illustrator proof reader sportsman/woman coach trainer sports official</p> <p><b>Associate professionals</b> generally have diploma/technical qualifications support managers and professionals.</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> technician/associate professional</p> <p><b>Business/administration</b> recruitment/employment/ industrial relations/ training officer marketing/ advertising specialist market research analyst technical sales representative retail buyer office/project manager</p> <p><b>Defence Forces</b> senior Non-Commissioned officer</p>	<p><b>Senior executive/ manager/ department head in industry, commerce, media or other large organisation.</b></p> <p><b>Public service manager</b> (Section head or above), regional director health/education/police/fire services administrator</p> <p><b>Other administrator</b> school principal faculty head/dean library/museum/gallery director research facility director</p> <p><b>Defence Forces</b> Commissioned Officer</p> <p><b>Professionals</b> generally have degree or higher qualifications and experience in applying knowledge to</p> <ul style="list-style-type: none"> <li>design, develop or operate complex systems;</li> <li>identify, treat and advise on problems;</li> <li>and teach others.</li> </ul> <p><b>Health,Education,Law,Social Welfare, Engineering,Science,Computing</b> professional.</p> <p><b>Business</b> management consultant business analyst accountant auditor policy analyst actuary valuer</p> <p><b>Air/sea transport</b> aircraft/ship's captain/officer/pilot flight officer flying instructor air traffic controller</p>
<p><b>Other worker</b> labourer factory hand storeman guard cleaner caretaker laundry worker trolley collector car park attendant crossing supervisor</p>	<p><b>Parent's education, qualification and occupation</b></p> <p>The questions about each parent/guardian's education, qualifications and employment group are asked on all school enrolment forms.</p> <p>In South Australia this information is used in determining each school's Index of Educational Disadvantage (IED), which is linked to funding levels.</p> <p>In the future this information may be used to determine resource allocations to Preschools.</p>		

### Site details

Name of site:  Previously / also enrolled at:

### Child personal details

\*Surname/  
Family name:   
\*First name:   
Middle name:   
Preferred name:   
Main Contact  
Number:  Contact  
Type:  Mobile  
 Home Phone  
 Work Phone

\*Gender: Male  Female   
\*Date of birth:        
Proof of age:  Birth Certificate  
 Centrelink Document  
 Passport  
 No proof provided (Estimated)  
eCHIMS:

The eCHIMS number is made up of 8 numerals and is recorded in the child's blue book- 'My Health Record' provided by CAFHS (note: May be labelled as CRN (Crib Reference Number))

### Address

**Child's residential address 1**  
\*Address:   
\*Suburb/Town:   
\*Postcode:

**Child's residential address 2 (If in shared care)**  
\*Address:   
\*Suburb/Town:   
\*Postcode:

### Cultural background

In which country was the child born? Australia  Other   
Please specify   
If other, on what date did the child arrive in Australia?   
If the child speaks a language other than English at home, what languages (including English) does the child speak?  
\*Main language:   
\*Other language/s:   
\*What is the child's cultural background?  
  
Does the site need to be aware of any cultural or religious requirement?  
Yes  No  More information can be provided on page 8  
Details:   
\*Is the child of Aboriginal or Torres Strait Islander origin?  
 Aboriginal  
 Torres Strait Islander  
 Aboriginal and Torres Strait Islander  
 Not Aboriginal or Torres Strait Islander  
 Not Stated

### School details

When will the child start school?  
Month/Term:  Year:   
Or date (if known)   
Which school do you intend to send the child to?

### Custody

\*Is the child under the guardianship of the Minister for Education and Child Development (goM) or in alternative care?  
No  Yes

If Yes, further details must be obtained from the confidential Families SA-DECD Information sharing form as supplied to the preschool site leader by the child's Families SA caseworker.  
This form will provide the necessary information for data input.

\*Are there any current court-sanctioned residency, parental responsibility or contact orders relating to the child?  
No  Yes

If Yes, On what date was the order issued?

Please attach a copy of the order for the preschool's records.  
Details: More information can be provided on page 8

### Parental status

Select one option that best describes the child's family type  
 Two parents home  Sole Parent / Male  
 Guardian(s)  Shared parenting  
 Sole Parent / Female  Other



## Medical Conditions

**\*Does the child have a diagnosed medical condition that may require support?** Yes  No

If Yes, please tick relevant condition/s and provide details  
(eg. inhaler for asthma, blood glucose monitoring for diabetes, Adrenaline auto-injector for anaphylaxis)

- Asthma
- Diabetes
- Continence
- Medication
- Oral drinking/eating
- Other (specify)

Details:

**Are there any health related dietary restrictions?** Yes  No

Details: *More information can be provided on page 8*

Medicine:

## Allergies

**\*Does the child have any allergies?** Yes  No

If Yes, please tick relevant allergy and provide details

- Bees
- Dairy Products
- Gluten
- Nuts
- Penicillin
- Yeast
- Other (specify)

Details:

**Are there any allergy related dietary restrictions?** Yes  No

Details: *More information can be provided on page 8*

Medicine (eg. Adrenaline auto-injector for anaphylaxis)

## Details of child's Doctor / Clinic

**\*Doctor /Clinic name**

**\*Address:**

**\*Phone number:**

**\*Suburb/Town:**  **\*Postcode:**

## Immunisations

**\* Have the child's parents or guardians provided evidence of their child's immunisation status?** Yes  No   
(Refer to [Protecting children from preventable diseases procedure](#))

Has the child received all scheduled immunisations? Yes  No

(Note: Schedule as determined by Medicare National Immunisation Program, available from <http://www.medicareaustralia.gov.au/provider/patients/acir/schedule.jsp>)  
Note: If not, the child may need to be excluded from the site during outbreaks of some infectious diseases.

## Health Care / Medical Management / Medication Plan

**\* If the child has any individual emergency or routine health care / medical management needs (e.g. seizure management, toilet support, diabetes management, supervision of medication, anaphylaxis first aid) the site will need a health care / medical management / medication plan from the treating doctor / health professional.**

Health care / Medical management plan attached Yes  No  If not, it **MUST** be provided.

## Additional Needs & Diagnosed Disabilities

**\*Does the child have an additional need or diagnosed disability?** Yes  No  If Yes, please provide details

- Autistic Disorder
- Global developmental delay
- Hearing impairment
- Physical impairment
- Significant challenging behaviour
- Speech and language impairment
- Visual impairment
- Undiagnosed significant need

Details:

*More information can be provided on page 8*

Agencies involved:

Contact person:

Phone number:

Email address:

Support received:

**Do you have any concerns about the child's development?** Yes  No  (eg. behaviour, personal care needs, language skills)

If Yes, please provide details. *More information can be provided on page 8*



**Parent 1 / Guardian 1**  
(Birth or Adoptive parent)

Relationship to child:

Main caregiver  Contact priority  *Contact details must be provided*

Account payee  *If someone other than Parent 1/Guardian 1 or Parent 2 / Guardian 2 is the account payee, please complete the section on page 7*

*It will be presumed that persons listed as parents/guardians will be also be Emergency Contacts and are Authorised to collect the child unless otherwise stated.*

**Name**

Mr/Mrs/Ms/Other

\*First name:

\*Surname/  
Family name:

Gender: Male  Female

**Employment**

Current Employment Status

Employed (casual)  
 Employed (full-time)  
 Employed (parental leave)  
 Employed (part-time)  
 Homemaker (not employed in paid workforce)  
 Other  
 Pension or benefit recipient  
 Self-employed  
 Student  
 Unemployed

What is the occupation group of Parent 1 / Guardian 1?   
*Please select the appropriate parental occupation group from the list on page 2.*

*If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation. If the person has not been in paid work in the last 12 months, enter '8' above*

**Correspondence**

If Parent 1/ Guardian 1 **does not** reside with the child, please indicate the type of correspondence this person wishes to receive:

Child reports  Site information (e.g. newsletters)

Preferred method of receiving this correspondence

In writing  Email (provide email address)

**Contact Details**

\*Mobile phone:

\*Home phone:

\*Work phone :

Email address:

**Education**

What is the highest year of primary or secondary school Parent 1 / Guardian 1 has completed?

Year 12 or equivalent  
 Year 11 or equivalent  
 Year 10 or equivalent  
 Year 9 or equivalent or below

*(For persons who have never attended school, select 'Year 9 or equivalent or below')*

What is the level of the highest qualification Parent 1/ Guardian 1 has completed?

Bachelor Degree or above  
 Advanced Diploma / Diploma  
 Certificate I to IV (including trade certificate)  
 No non-school qualification

**Refer to page 2 for more information about these questions and how the information is used.**

**Address**

**\*Residential address**

Same as child's residential address 1 recorded on page 3  
 Same as child's residential address 2 recorded on page 3

If Parent 1/ Guardian 1 **does not** reside with the child please provide **Residential address**

\*Address:

\*Suburb/Town:

\*Postcode:

**Mailing address** (if different from residential address)

Address:

Suburb/Town:

Postcode:

**Languages spoken & Cultural background**

If Parent 1 / Guardian 1 speaks a language other than English at home, what is the main language spoken?

Does Parent 1 / Guardian 1 require an interpreter? No  Yes

\*What is the cultural background of Parent 1/ Guardian 1?

**Parent 2 / Guardian 2**  
(Birth or Adoptive parent)

Relationship to child:

Main caregiver  Contact priority  *Contact details must be provided*

Account payee  *If someone other than Parent 1 / Guardian 1 or Parent 2 / Guardian 2 is the account payee, please complete the section on page 7*

*It will be presumed that persons listed as parents/guardians will be also be Emergency Contacts and are Authorised to collect the child unless otherwise stated*

**Name**

Mr/Mrs/Ms/Other

\*First name:

\*Surname/  
Family name:

Gender: Male  Female

**Employment**

Current Employment Status

Employed (casual)

Employed (full-time)

Employed (parental leave)

Employed (part-time)

Homemaker (not employed in paid workforce)

Other

Pension or benefit recipient

Self-employed

Student

Unemployed

What is the occupation group of Parent 2 / Guardian 2?   
*Please select the appropriate parental occupation group from the list on page 2.*

*If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.  
If the person has not been in paid work in the last 12 months, enter '8' above.*

**Correspondence**

If Parent 2 / Guardian 2 does not reside with the child, please indicate the type of correspondence this person wishes to receive:

Child reports  Site information (e.g. newsletters)

Preferred method of receiving this correspondence

In writing  Email (provide email address)

**Contact Details**

\*Mobile phone:

\*Home phone:

\*Work phone:

Email address:

**Education**

What is the highest year of primary or secondary school Parent 2 / Guardian 2 has completed?

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent or below

*(For persons who have never attended school, select "Year 9 or equivalent or below")*

What is the level of the highest qualification Parent 2 / Guardian 2 has completed?

Bachelor Degree or above

Advanced Diploma / Diploma

Certificate I to IV (including trade certificate)

No non-school qualification

**Refer to page 2 for more information about these questions and how the information is used.**

**Address**

\*Residential address

Same as child's residential address 1 recorded on page 3

Same as child's residential address 2 recorded on page 3

If Parent 2 / Guardian 2 does not reside with the child please provide Residential address

\*Address:

\*Suburb/Town:

\*Postcode:

Mailing address (if different from residential address)

Address:

Suburb/Town:

Postcode:

**Languages spoken & Cultural background**

If Parent 2 / Guardian 2 speaks a language other than English at home, what is the main language spoken?

Does Parent 2 / Guardian 2 require an interpreter? No  Yes

\*What is the cultural background of Parent 2 / Guardian 2?

## Emergency contacts if parent or guardian cannot be contacted

Note: Includes authority to collect the child and permission to provide overnight care  
(at least one emergency contact must be provided)

Relationship:  Contact priority:

First Name:  Surname:

Gender: Male  Female

Mobile phone:

Home phone:

Work phone:

Address:

Suburb/Town:  Postcode:

Relationship:  Contact priority:

First Name:  Surname:

Gender: Male  Female

Mobile phone:

Home phone:

Work phone:

Address:

Suburb/Town:  Postcode:

Relationship:  Contact priority:

First Name:  Surname:

Gender: Male  Female

Mobile phone:

Home phone:

Work phone:

Address:

Suburb/Town:  Postcode:

Relationship:  Contact priority:

First Name:  Surname:

Gender: Male  Female

Mobile phone:

Home phone:

Work phone:

Address:

Suburb/Town:  Postcode:

Relationship:  Contact priority:

First Name:  Surname:

Gender: Male  Female

Mobile phone:

Home phone:

Work phone:

Address:

Suburb/Town:  Postcode:

Relationship:  Contact priority:

First Name:  Surname:

Gender: Male  Female

Mobile phone:

Home phone:

Work phone:

Address:

Suburb/Town:  Postcode:

### Account payee

If other than Parent 1/ Guardian 1 or Parent 2 / Guardian 2

Relationship:  Contact priority:

First Name:  Surname:

Gender: Male  Female

Mobile phone:

Home phone:

Work phone:

Address:

Suburb/Town:  Postcode:

### Authority to collect child only

Note: Authorised to collect the child but not to be contacted in an emergency (e.g. child care centre staff)

Relationship:

First Name:  Surname:

Gender: Male  Female

Mobile phone:

Home phone:

Work phone:

Address:

Suburb/Town:  Postcode:



**Other relevant information**

**Additional Details - 1**

This information relates to:

- Cultural or religious requirements     
  Medical conditions     
  Additional needs  
 Custody     
  Allergies     
  Developmental concerns

**Additional Details - 2**

This information relates to:

- Cultural or religious requirements     
  Medical conditions     
  Additional needs  
 Custody     
  Allergies     
  Developmental concerns

**Any other information**

**Parent / Guardian Signatures**

I / We understand that the entitlement to DECD funded preschool is for an average of 15 hours per week over 40 weeks of the year.

I / We declare that the child I am / we are enrolling is not already accessing a DECD funded preschool program with an entitlement of 15 hours per week from another service provider.

If the child is accessing another preschool program that is funded by DECD, which may be a child care centre, private school or DECD preschool, please provide details about the site and number of hours enrolled.

This site:	Number of hours enrolled		
Other site:	Number of hours enrolled	Name of site:	

*If unsure whether the other service is a DECD Grant Funded Preschool contact the DECD Universal Access team on 8226 3681 for more information.*

I / We authorise education and care staff to seek

- medical treatment for the child from a registered medical practitioner, hospital or ambulance service
- transportation of the child by ambulance service.

I / We certify that all information given is true and accurate.

Signature of Parent 1 / Guardian 1:	<input type="text"/>	Date:	<input type="text"/>
Signature of Parent 2 / Guardian 2:	<input type="text"/>	Date:	<input type="text"/>
Interviewed/enrolment accepted by Name:	<input type="text"/>	Role:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

**Office Use only**

Date enrolment details entered in		2018	2019	2020	from	Week 1					Week 2				
EYS:	EDID:	T 1	T 2	T 3	to	M	T	W	TH	F	M	T	W	TH	F
<input type="text"/>	<input type="text"/>	29/1-13/4	29/1-12/4	28/1-9/4											
		30/4-6/7	29/4-5/7	27/4-3/7											
		23/7-28/9	22/7-27/9	20/7-25/9											
		15/10-14/12	14/10-13/12	12/10-11/12											

  

Anticipated start dates		from	Week 1					Week 2				
Early Entry	start: term <input type="text"/> year <input type="text"/>	to	M	T	W	TH	F	M	T	W	TH	F
	<i>(if eligible and capacity permits)</i>											
Transition	start: term <input type="text"/> year <input type="text"/>											
Preschool	start: term <input type="text"/> year <input type="text"/>											
School	start: term <input type="text"/> year <input type="text"/>											

# Medical information

for education, childcare and community support services

## CONFIDENTIAL

To be completed by the DOCTOR and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT for a child/student/client who requires individual health and personal care support. Some condition-specific forms are also available.

This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student/client \_\_\_\_\_ Date of birth \_\_\_\_\_  
Family name (please print) First name (please print)

MedicAlert Number (if relevant) \_\_\_\_\_ Date for next review \_\_\_\_\_

### Description of the condition

Observable signs and symptoms \_\_\_\_\_

Frequency and severity \_\_\_\_\_

Triggers (if applicable) \_\_\_\_\_

Possible impact on activities (eg physical activity, camps, excursions, kitchen, laboratory or workshop activities, interrupted attendance)

### First Aid

If a child/student/client becomes ill or is injured, supervising staff will administer first aid and call an ambulance if necessary.

If you anticipate this child/student/client will require anything other than a standard first aid response, please provide detailed written recommendations so special arrangements can be negotiated.

### Additional information attached to this care plan

- Medication authority (if supervision of medication is recommended while in education or child/care)
- Individual first aid plan (if different to standard first aid—see model over page)
- General information about this person's condition
- Other (please specify) \_\_\_\_\_

#### This plan has been developed for the following services/settings:

- |  |  |
|--|--|
| <input type="checkbox"/> School/education      | <input type="checkbox"/> Outings/camps/holidays/aquatics |
| <input type="checkbox"/> Child/care            | <input type="checkbox"/> Work                            |
| <input type="checkbox"/> Respite/accommodation | <input type="checkbox"/> Home                            |
| <input type="checkbox"/> Transport             | <input type="checkbox"/> Other (please specify)          |

#### AUTHORISATION AND RELEASE

Health professional \_\_\_\_\_ Professional role \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***I have read, understood and agreed with this plan and any attachments indicated above.  
I approve the release of this information to supervising staff and emergency medical personnel.***

Parent/guardian or adult student/client \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Family name (please print) First name (please print)

# Individual first aid plan

for education, child/care and community support services

## CONFIDENTIAL

To be completed by the HEALTH PROFESSIONAL and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT for a child/student/client who requires individual first aid assistance.

Standard first aid plans (for a range of conditions) can be found on <http://www.decd.sa.gov.au/speced2/pages/health/chessPathways/>  
This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student/client \_\_\_\_\_ Date of birth \_\_\_\_\_  
Family name (please print) First name (please print)

MedicAlert Number (if relevant) \_\_\_\_\_ Date for next review \_\_\_\_\_

The child/student/client has a medical condition described as \_\_\_\_\_  
And will require the following first aid response when these symptoms/reactions are observed.

Observable sign/reaction	First aid response
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**This plan has been developed for the following services/settings: \***

<input type="checkbox"/> School/education	<input type="checkbox"/> Outings/camps/holidays/aquatics
<input type="checkbox"/> Child/care	<input type="checkbox"/> Work
<input type="checkbox"/> Respite/accommodation	<input type="checkbox"/> Home
<input type="checkbox"/> Transport	<input type="checkbox"/> Other (please specify) _____

**AUTHORISATION AND RELEASE**

Health professional \_\_\_\_\_ Professional role \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*I have read, understood and agreed with this plan and any attachments indicated above.  
I approve the release of this information to supervising staff and emergency medical personnel.*

Parent/guardian or adult student/client \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Family name (please print) First name (please print)





# Woomera Area School

Dewrang Avenue (PO Box 193) Woomera 5720  
Phone: (08) 8673 7287 Fax: (08) 8673 7005  
Email: [dl.0746\\_admin@schools.sa.edu.au](mailto:dl.0746_admin@schools.sa.edu.au)  
[www.woomera.sa.edu.au](http://www.woomera.sa.edu.au)



## General Consents for School

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_

Schools often need to seek parental permission to cover a wide range of activities and situations. We hope that by placing most of the potential situations on two sheets will save time and paper. Please read, sign, date and return to the office. Thank you.

### Permission to Act in the Event of a Medical Emergency

In the event of a Medical Emergency, I hereby give permission for the school to take the appropriate action (including calling an ambulance if necessary).

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

### Permission to Participate in Local Excursions

I consent to my child taking part in local excursions during the school year for educational purposes, when no costs are incurred. Parents will be notified in advance of the local excursion where possible.

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

### Permission to Inspect for Head Lice

The South Australian Health Commission recommends that everyone check their hair every week for headlice. Checking and treating children's hair is BY LAW A PARENT'S RESPONSIBILITY.

I do not give permission for a school staff member to check my child's hair for eggs and headlice. I understand that by not giving permission to check my child's hair, I will do this myself.

I give permission for a school staff member to check my child's hair for eggs and headlice.

I understand that any such check will be conducted sensitively. I understand that my child can be excluded from school if staff believe he/she may have headlice. I understand it is my responsibility to arrange collection of my child from the school when notified. I understand that I may have to provide a letter from a general practitioner to say my child is free of headlice and/or commenced treatment for headlice.

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

## Consent Form – Child/Student

### Permission to use image, video, voice, and/or creative work of students and children

The Department for Education and Child Development (DECD) develops teaching, learning and promotional materials and publishes them in print and digitally (eg on websites and social media accounts). Students also publish their own materials on websites (eg school website, DECD website, Scootle™, iTunes™ or other online environments).

By completing and returning this form, I grant permission for DECD to create/use:

- photographs, video or audio recordings of my child
- samples of my child's work
- my child's first name and DECD school/preschool/service name

and to distribute them in the following locations:

- printed publications (eg newsletters, year book, promotional material)
- secure intranet websites and publicly accessible websites, including social media accounts.

The permission will continue until I revoke permission in writing to the principal of the school, director of the preschool or manager of the service.

Any material placed on publically accessible websites under a CC-BY-NC licence will be available to download and use. This licence is perpetual (forever), free, worldwide, non-exclusive and allows for the replication, distribution, display, performance and remixing of copyrighted work for non-commercial purposes, provided that the author is credited.

#### Notes

- Items might not appear in exactly the form in which they have been submitted and not every item for which permission is granted will be used.
- Items which contain images/references to Aboriginal and Torres Strait Islander people may be accompanied by warning text to indicate that the work may include people who have passed away.
- Where permission is revoked, every effort will be made to remove relevant media from distribution, however this may not be possible or practical in some situations.

#### Signatures

##### Additional optional permissions (tick if yes)

- I also grant permission for my child to be photographed/recorded by external media organisations for publication/broadcast.

Name of child/student: \_\_\_\_\_  
(Full name - please print)

Name of school/service: \_\_\_\_\_

Parent/guardian's signatures: \_\_\_\_\_  
(Parent/guardian to sign) (Parent/guardian to sign)

Full name of parent(s)/guardian(s): \_\_\_\_\_  
(please print) (please print)

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

Please provide signatures of both parents and/or guardians where possible.

*This form must be filed in a central location at the school*

## Consent Form – Adult

### Permission to use image, video, voice, and/or creative work of adults

The Department for Education and Child Development (DECD) develops teaching, learning and promotional materials and publishes them in print and digitally (eg on websites and social media accounts). These are often published on websites (eg school website, DECD website, Scootle™, iTunes™ or other online environments).

By completing and returning this form, I grant permission for DECD to create/use:

- photographs, video or audio recordings of me
- samples of my work
- a written comment made by me

and to distribute them in the following locations:

- printed publications (eg newsletters, year book, promotional material)
- secure intranet websites and publicly accessible websites, including social media accounts.

The permission will continue until I revoke permission in writing to the principal of the school, director of the preschool or manager of the service.

Any material placed on publically accessible websites under a CC-BY-NC licence will be available to download and use. This licence is perpetual (forever), free, worldwide, non-exclusive and allows for the replication, distribution, display, performance and remixing of copyrighted work for non-commercial purposes, provided that the author is credited.

#### Notes

- Items might not appear in exactly the form in which they have been submitted and not every item for which permission is granted will be used.
- Items which contain images/references to Aboriginal and Torres Strait Islander people may be accompanied by warning text to indicate that the work may include people who have passed away.
- Where permission is revoked, every effort will be made to remove relevant media from distribution, however this may not be possible or practical in some situations.

#### Signature

##### Additional optional permissions (tick if yes)

- I also grant permission to be photographed/recorded by external media organisations for publication/broadcast.

Full name: \_\_\_\_\_  
(please print)

Name of school/service: \_\_\_\_\_

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

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*This form must be filed in a central location at the school*