

EDUCATOR NAME: _____**CHILD'S NAME:** _____**MEDICAL CONDITIONS FOR DISPLAY:**

If my child is recognised to have an action plan for a life threatening medical condition I give permission for my child's plan to be displayed for educators and visitors to view.

Signed Parent/ Guardian 1: _____

Signed Parent / Guardian 2: _____

SUNCREAM PERMISSION:

I agree, for the Educator to use sunscreen on my child when he/she plays outdoors. I also understand that by choosing to deny the use of sunscreen, my child will not be allowed to play outside or go on excursions with the Educator that are outside. Parents may provide the sunscreen to be used on their child. Sunscreen must be SPF 30+ or higher.

Yes No (please circle)

INSECT REPELLENT PERMISSION:

I agree, for the Educator to use insect repellent on my child when insects, such as mosquitos, are present. Parents may provide the Insect Repellent they would like used on their child/ren. Insect repellent is not required to participate in outdoor activities or excursions, but is recommended.

Yes No (please circle)

PERMISSION TO TRANSPORT TO HOSPITAL:

I give permission for my child's Educator or Scheme Consultant/ Manager, in the case of an emergency and medical treatment is required, to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance.

I also give permission for the Educator or Scheme Consultant / Manager to arrange transport of my child via ambulance service if required.

This must also be marked 'yes' in your child's online enrolment.

Signed Parent/ Guardian 1: _____

Signed Parent / Guardian 2: _____

ADMINISTRATION OF PARACETAMOL:

I hereby authorise the educator to administer one dose only (only when parents are contacted) at an age / weight appropriate dose of a paracetamol mixture (Panadol / Neurofen) to my child. This can only be administered (for emergencies only) eg: a temperature more than 38C or if a child is visible discomfort and/or pain. If Panadol is administered the child will be required to be collected from care.

Yes No (please circle)

PHOTOGRAPH / VIDEO PERMISSION/ PROGRAMMING DOCUMENTATION:

I agree that photographs, videos, artwork and programming documentation of my child taken and recorded by the Educator at Holistic Approach Family Day Care Scheme may be displayed or viewed at the Service or incorporated into other children’s programming related documentation.

Yes No (please circle)

I agree that photographs and videos of my child taken in the venue / residence that are taken or recorded by the Educators may be used in its publications, on its websites, social media for educational displays and in presentations for professional development and conferences.

Yes No (please circle)

PLEASE NOTE: No documentation may be copied, reused or retransmitted without the permission of the service.

PAYMENT OF GAP FEES:

I understand that I will be invoiced the amount owed weekly, and I will ensure that there are sufficient funds available in my nominated account.

I accept that a \$40 fee will be added to my account if my direct debit fails and I am not contactable by scheme management or admin.

I understand that should my account remain unpaid that care will cease and any monies owed will be deducted from the Bond Paid and debt collectors may be engaged to retrieve any additional funds owed.

This will attract additional fees.

Signed Parent/ Guardian 1: _____

Signed Parent / Guardian 2: _____

BOND:

I understand that I will be sent a letter with the amount payable for a bond, and this will be required to pay prior to the commencement of care.

I understand that the bond will be added to my account when I provide two weeks’ notice for Termination of Care and used towards the final two weeks of Gap Fees. Any additional funds will be refunded.

I understand that where the bond does not cover the final two weeks gap fee, or my child does not attend their final days and full fees are payable, that my nominated bank will be direct debited the total amount owing, less the bond amount. Invoices will be issued.

Signed Parent/ Guardian 1: _____

Signed Parent / Guardian 2: _____

PARENT / GUARDIANS DECLARATION AND AGREEMENT:

I understand by completing this form I am agreeing to Holistic Approach Family Day Care Scheme’s policies and procedures, fees and charges. I am aware I need to give two weeks’ notice in writing to cancel or change my care arrangements bookings.

Signed Parent/ Guardian 1: _____

Signed Parent / Guardian 2: _____