

ENROLMENT AUTHORISATIONS

Child Name: _____

I AUTHORISE:

1. In the event my child cannot be collected by a parent, or authorised person, if the educator cannot conduct care, a staff member can find alternate care for my child.

Yes **No** **Initial:** _____
2. If an emergency occurs, a staff member from the service can conduct relief care.

Yes **No** **Initial:** _____
3. My child being observed by students undergoing child-related studies.

Yes **No** **Initial:** _____
4. The educator to take my child on outings and excursions. I understand I will be advised of these outings prior to them occurring and a risk assessment has been completed by educator

Yes **No** **Initial:** _____

I AGREE TO:

1. Annually update my child's Risk Minimisation Plan, if my child requires management with asthma, diabetes, epilepsy, food allergies and or anaphylaxis. **Initial:** _____
2. To exclude my child from care, if they contract an infectious disease, for the recommended period and provide a doctor's certificate to return to care, if requested. **Initial:** _____

I UNDERSTAND:

1. If the educator is unable to conduct care due to an emergency or unforeseen circumstance, that the educator will notify the parent, guardian, or emergency contact. **Initial:** _____
2. In the event of the educator's family members contracting an infectious disease, I understand the educator's service shall be closed for a period recommended by the doctor or covered by the NSW Health recommendations. **Initial:** _____
3. I am aware of the need to inform the service of any change regarding address, phone numbers, emergency contacts, place of employment and/or child's doctor. **Initial:** _____

ELECTRONIC ATTENDANCE RECORDS

1. I am aware that the service will send myself, and other authorised contacts, an electronic signature PIN.
2. I understand I need to remember this PIN and use it to sign my child in and out of care.
3. I am aware that I must sign off on the electronic attendance record at the end of the week
4. I am aware that I am the only person authorised to use my electronic signature PIN and cannot share this with any other persons.
5. If any other person is dropping off or collecting my child, I understand they will need their own electronic signature PIN.
6. I understand there are strict regulations to follow regarding signing children in and out of care.

Initial: _____

PET AUTHORISATION

Educators may have pets that are accessible to your child. Our service's Pet Policy outlines the pets that are permitted to interact with children. If you do not wish for your child to be around pets, please alert your educator at your earliest convenience. Please indicate whether you consent for you child to interact with the educator's pets.

I give permission I do not give permission

SOCIAL MEDIA CONSENT

I authorise any images or videos of my child to be used for advertising purposes and publicly on the below media outlets:

Cabonne Family Day Care's Facebook page	<input type="radio"/> Yes	<input type="radio"/> No
Cabonne Family Day Care's Instagram page	<input type="radio"/> Yes	<input type="radio"/> No
Cabonne Council's Facebook page	<input type="radio"/> Yes	<input type="radio"/> No
Cabonne Council's Instagram page	<input type="radio"/> Yes	<input type="radio"/> No
Cabonne Council website	<input type="radio"/> Yes	<input type="radio"/> No
Newspapers	<input type="radio"/> Yes	<input type="radio"/> No
Educator's CLOSED Facebook group*	<input type="radio"/> Yes	<input type="radio"/> No
Educator's PUBLIC Facebook page	<input type="radio"/> Yes	<input type="radio"/> No

**Closed Facebook Group can include private groups and messenger groups where only other families registered with your educator will be able to view photos of your child.*

UNPRESCRIBED CREAMS

I understand that all creams, teething gels, ointments, and nappy rash creams must be supplied by the parent. All creams must be labelled with the child's name and not be expired. Please ensure educators are aware of any unprescribed creams or gels that you would like applied to your child when they are being educated and cared for.

DECLARATION

By signing, I understand these authorisations will be followed by Cabonne Family Day Care. If there are any changes to these authorisations, please alert your educator and a new form will be completed.

Parent Name: _____

Parent Signature: _____ Date: _____

Staff Name: _____

Staff Signature: _____ Date: _____