

**CAMPUS LIFE**

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**MACQUARIE**  
 University

## CHILDREN'S SERVICES AUTHORISATION FORM

<b>DETAILS OF CHILD</b>	
Child's Surname:	Given Name:
Preferred Name:	Other name or former names:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Child's CRN:
DOB: ____ / ____ / ____	Country of Birth:
Birth Certificate Sighted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Sighted: ____ / ____ / ____ By whom:
Residential Address:	Postcode:
<p>Are any of the following in place (please tick):</p> <p><input type="checkbox"/> Court Order                      Sighted: <input type="checkbox"/> Yes    Date:                      File Copy: <input type="checkbox"/> Yes    Staff Initial:</p> <p><input type="checkbox"/> Parenting Order                      Sighted: <input type="checkbox"/> Yes    Date:                      File Copy: <input type="checkbox"/> Yes    Staff Initial:</p> <p><input type="checkbox"/> Parenting Plan                      Sighted: <input type="checkbox"/> Yes    Date:                      File Copy: <input type="checkbox"/> Yes    Staff Initial:</p> <p><input type="checkbox"/> Child Health Record/Action Plan    Sighted: <input type="checkbox"/> Yes    Date:                      File Copy: <input type="checkbox"/> Yes    Staff Initial:</p>	
Parent/Guardian 1:	<p>Full Name: .....</p> <p>Mobile: .....</p> <p>Email: .....</p> <p>CRN: .....    Date of birth: ...../...../.....</p> <p>Residential Address: Same as child    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If No, provide address:</p> <p>Postcode:</p>
Parent/Guardian 2:	<p>Full Name: .....</p> <p>Mobile: .....</p> <p>Email: .....</p> <p>Residential Address: Same as child    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If No, provide address:</p> <p>Postcode:</p>

## IMMUNISATION

Under the NSW Public Health Act 2010, in order to enrol your child an immunisation record must be provided within the following parameters:

Children Services will not enrol a child unless the parent/guardian has provided documentation that shows the child is fully vaccinated for their age or has a medical reason not to be vaccinated or is on a recognised catch-up schedule if their child has fallen behind with their vaccinations.

Parents must provide the Early Childhood Service with one or more of the following documents before they can be enrolled

1. A current Australian Childhood Immunisation Register (ACIR). This is an immunisation history statement which shows that the child is up to date with their scheduled immunisations.
2. A current ACIR Immunisation History form on which the immunisation provider has certified that the child is on a recognised catch up schedule.
3. An ACIR Immunisation Exemption – Medical Contraindication Form which has been certified by an immunisation provider for a child who cannot receive one or more vaccine(s)

Immunisation History Statements are sent to each parent/guardian after their child turns 18 months and 4 years of age. You can obtain one at any time by contacting Medicare:

- By telephone on 1800 653 809
- By email on [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au)
- Online at [www.medicareaustralia.gov.au/online](http://www.medicareaustralia.gov.au/online)
- In person at your local Medicare office, Centrelink office or Child Support Service Centre.

In the event of specified vaccine preventable disease outbreaks in a child care Centre, children as yet unvaccinated for that disease **may be excluded** to protect them from infection and prevent them from passing infection to others.

**Normal fees would apply.**

**NOTE:** If an unimmunised child has to be excluded from the Centre, fees still apply as usual. It is the responsibility of the parent/guardian to ensure Centrelink has your child's most current immunisation information as this may affect your eligibility for the Child Care Benefit.

## EMERGENCY CONTACTS

Please ensure you provide details on the online enrolment system of at least two people besides the parent/guardians listed on this Authorisation Form. These are the people who you authorise to collect your child and/or at least two people whom staff may call if you cannot be contacted in an emergency. You may list the same people for both purposes.

These persons must be willing and physically able to collect your child and must be willing/able to provide photo identification upon request by staff.

## AUTHORISATIONS

### Emergency Medical Assistance

Your child's enrolment at the service **will not be accepted** unless you agree to the following:

You agree to inform the Centre in writing and on the online enrolment form of any allergies, asthma or other conditions that may adversely affect your child while in attendance.

You agree to provide a Medical Action Plan prepared by a registered medical practitioner upon enrolment or as soon as practicable once the condition is diagnosed. You agree to provide updated Medical Action Plans as required.

You understand that staff with First Aid qualification may provide First Aid to your child if they become sick, injured or unwell whilst at the Centre or otherwise in care.

You agree that if your child has been injured, or becomes ill whilst at the Centre or otherwise in care, staff may seek medical treatment for your child from a registered medical practitioner, hospital or ambulance service.

You give consent to transportation of your child by an ambulance service if required.

You give consent to the administration of adrenalin via an epipen from the Centre's Anaphylaxis Emergency Kit or of asthma medication from the Centre's Asthma First Aid Kit if required.

Yes  No

Parent/Guardian Signature:

### Administration of Paracetamol Mixture

You agree that if your child is older than 6 months and has a temperature higher than 38°C and is in discomfort or pain whilst in care, a staff member may administer a single dose of paracetamol mixture (e.g Panadol) as per the recommended dose to your child. **Note** that paracetamol will only be administered upon parental approval immediately prior to the administration or medical advice.

Yes  No

Parent/Guardian Signature:

If No, please specify alternative action:

### General Health

You agree that if your child is unwell prior to attending the Centre that they will not attend care on that day. You agree to arrange for the collection of your child at the earliest opportunity when advised by the Centre that your child is unwell and is required to leave the Centre.

Yes  No

Parent/Guardian Signature:

### Policies and Procedures

All Policies and Procedures are available at the Centre and can be emailed to you upon request. It is your responsibility to be familiar with the Policies and Procedures to ensure you comply with them and that you are aware of the reasons behind practices and decisions made by the Centre.

You agree to read and abide by all the Centre Policies and Procedures, including the Fee Payment Policy and Debt Recovery Procedure. You understand that it is your responsibility to speak with staff if you need clarification on any Policy or Procedure.

You understand that Policies and Procedures may be reviewed and updated and agree to read and abide by these as they are provided to you.

Yes  No

Parent/Guardian Signature:

### Approved Online Enrolment System

You agree to use your individual log in (provided to you upon enrolment and at any other time you may request) to complete and update your child's online enrolment form and to set up your direct debit payments (unless paying through Salary Sacrifice). You understand you are expected to access your account details, including invoices, statements and receipts, through this system.

Yes  No

Parent/Guardian Signature:

Yes  No

Parent/Guardian Signature:

**Privacy Notification**

All information and records relating to children, families and staff will be maintained in the **strictest confidentiality**. Under the *Privacy and Personal Information Protection Act 1998* and the *Education and Care Services National Regulations, Clause 181* the Approved Provider of an education and care service must ensure that information kept in a record under the Regulations is not divulged or communicated, directly or indirectly, to another person other than:

- a. to the extent necessary for the education and care or medical treatment of the child to whom the information relates; or
- b. a parent of the child to whom the information relates, except in the care of information kept in a staff record; or
- c. the Regulatory Authority or an authorised officer; or
- d. as expressly authorised, permitted or required to be given by or under any Act or law; or
- e. with the written consent of the person who provided the information.

Personal information may be collected from you for the following purposes:

- To process and effect enrolment
- To provide educational programs for children
- To maintain health and safety standards for all children at the Centre
- To maintain records as required by various government agencies
- For related incidental administrative purposes
- For State Government Funding purposes

If information recorded on this Authorisation Form changes you are required to notify the centre in writing. You may make written application to the Centre at any time for the access to or amendment of the personal information concerning your child (in accordance with the relevant procedures under the Act).

The Centre holds the information on behalf of U@MQ Limited, University Avenue, North Ryde 2113.

You understand that, in line with the Debt Recovery Procedure, your details may be given to a debt collector if fees are outstanding.

I hereby give permission for Campus Life Children's Services to collect personal information concerning my child.

Child's Name: .....

Parent/Guardian 1 Signature: ..... Date: ...../...../.....

Parent/Guardian 2 Signature: ..... Date: ...../...../.....

Please ensure all sections of this form are completed. If you would like assistance or further information about any aspect of this form, please contact the Centre directly.