



2024 UPDATED DETAILS FORM

STUDENT DETAILS

Child Full Name	
School Child Attends	<input type="checkbox"/> Toongabbie Christian College <input type="checkbox"/> Other:
Child's Address (main residence)	
<i>Please supply any relevant custody and court orders</i>	

PARENT/CARER DETAILS

	Parent/Carer 1	Parent/Carer 2
Full Name		
Relationship to Child		
Address		<input type="checkbox"/> Same as parent/carer 1 <input type="checkbox"/> Other:

EMERGENCY CONTACT DETAILS

	Emergency Contact 1	Emergency Contact 2
Full Name		
Phone Number		
Relationship to Child		
Address		
<i>I give this person consent to authorise an educator to authorise transportation for my child outside the education and care service premises, or the Approved Provider, a Nominated Supervisor or Educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and transportation of the child by an ambulance service.</i>		
Consent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

AUTHORITY TO COLLECT

	Authority to Collect 1	Authority to Collect 2
As above	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name		
Phone Number		
Relationship to Child		
Address		

MEDICATION

If your child takes medication at OOSH, do you give permission for your child to self-administer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify medication	
<i>Medication must be provided in the original packaging with a Pharmacists label including the child's name and dosage. A Medical Action Plan must be submitted along with the medication. Parents/Carers will complete a Risk Minimisation and Communication Plan in conjunction with the Nominated Supervisor</i>	

FAMILY DENTIST

Dentist Name/Practice	
Practice Number	
Practice Address	

IMMUNISATION RECORD

I have attached my child's Immunisation Record	<input type="checkbox"/> Yes <input type="checkbox"/> No
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PARENT/CARER DECLARATION OF ACCURACY AND SIGNATURE

Name	
Signature	
Date	