Clayfield Outside Of School Hours Care

Clayfield Outside of School Hours Care Exclusion & Indemnity

Name of Child concerned: ……..

In consideration of Clayfield OSHC accepting the above named Child/children into the OSHC Program I/WE the undersigned hereby acknowledge that:

I/WE AGREE to Clayfield OSHC or its assistants arranging for the provision of medical treatment for the said child, including administration of anaesthetics or prescribed medications as considered necessary in cases of emergency or where I/WE or other nominated persons cannot be readily contacted.

I/WE AGREE to Clayfield OSHC or its assistants administering one dosage only of Panadol Elixir in the event of my child's body temperature rising above 37.5°C.

I/WE are willing for my child to participate in all activities in the outside school hours care programme. I agree it is my responsibility to familiarise myself with the programme and to advise staff in writing if I do not wish my child/children to participate in a particular activity.

I/WE give permission for my child to participate in Fire Drills held regularly at the centre. I understand that he / she will be required to leave the enclosed playground to assemble in the designated area in front of the centre.

I/WE understand that this centre takes photographs of children involved in daily activities on a regularly basis and displays these photographs around the centre. Please indicate if you are happy for your child's photograph to be taken. O Yes O No

I have read and understood my responsibilities and obligations as detailed in the parent handbook.

Signature: ……..…….…. Date: ……

Relationship to Child: