ENROLMENT AGREEMENT (Scheme/Family)

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give consent to the following ***(strike out the opposing statement where required)***

1. **I *agree/I disagree*** that in the event of my child/ren becoming ill or injured whilst in care I authorize the carer, coordinator to obtain the appropriate medical, dental, hospital and or ambulance services in an emergency. Parent/guardian will be notified by the service as soon as practicable after your child becomes ill or is injured.
2. I understand payment of medical expenses incurred for my child/ren in an emergency situation is my responsibility. **□ Yes □ No**
3. **I *agree/ I disagree*** that the administration of a local or general anaesthetic (only if considered medically necessary and I or other nominated authorized person cannot be contacted in an emergency.)
4. **I *agree/ I disagree*** for photographs to be taken of my child/ren and I understand that these photos may be used to promote Family Day Care Association QLD.
5. **I *agree/ I disagree*** to the Relief Carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ caring for my child/ren for **not more than 3 hours, on an irregular basis** and that I will be informed in advance when this is to take place.
6. **I *agree/ I disagree*** to the Relief Support Carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ caring for my child/ren on a **regular basis (and unlimited periods)** and that I will be informed in advance when this to take place. *(Agreement 5&6 may also occur without advance knowledge in an emergency situation ONLY- parent/guardians will be informed as soon as practicable )*
7. **I *agree/ I disagree*** for a Coordinator to care for my child/ren if required in an emergency situation and I will be informed on collection of my child or by phone where appropriate.
8. I acknowledge the following special features/hazards at the carers premises where identified at the time of enrolment and risk management strategy explained fully :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **□ Yes □ No**
9. **I *agree/ I disagree*** that I will advise the carer of my child/rens absence from care in a timely manner and prior to booked hours commencing where possible.
10. **I *agree/ I disagree*** that should my child/ren have an infectious or contagious disease, or illness; or at the discretion of the carer, where my child/ren is not well enough to attend care, I shall be responsible for my child/ren’s care at that time.
11. That I will ensure medication is documented on medication form, sign for the administering of medication to my child/ren and initial this has occurred daily.
12. **I *agree/ I disagree*** if I cannot be contacted and my child/ren’s body temperature should exceed 37.5°c, I agree to the administration of one initial dose of paracetamol.(as per the scheme policy)
13. **I *agree/ I disagree*** that my school age child may arrive or depart from the carer’s home alone with my written permission for the purpose of attending or returning for school only.
14. **I *understand*** that the scheme levy (as per Carers fee schedule) is to be withheld by the scheme from the Child Care Benefit payment and I agree to pay the parent portion of the total fee to the carer on the agreed date. Where I am not in receipt of CCB payment the parent levy will be collected by Carer on behalf of the Service **□ Yes □ No**
15. **I *understand*** that the scheme shall collect subsidy monies on my behalf from the appropriate government agency and I authorize those monies to be disbursed to the carer on my behalf as required by CCB legislation. **□ Yes □ No**
16. **I *understand I must*** certify and record the actual hours of attendance of my child/ren daily. **□ Yes □ No**
17. **I *agree/ I disagree*** to deliver and collect my child/ren at the times agreed with the carer.
18. **I *understand*** that the carer will provide me with information regarding any excursion away from the carer’s home (as per the scheme policies) prior to excursion being conducted. **□ Yes □ No**
19. **I *agree/ I disagree*** that I have been advised, in writing (via the Parent Information Pack) as to the method of effective participation in a management and or advisory capacity by parents using the scheme, procedures that enable parents to raise concerns about the conduct of the scheme that affect them, information as to the scheme’s philosophy/goals/objectives, the role of coordinators and carers, the process for selecting carers and monitoring the quality of care provided by them, parents rights and responsibilities and policies and practices.
20. I agree to abide by the policies as outlined in the Scheme information pack. **□ Yes □ No**

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| **Authorisation to Apply External Skin Preparations** | | | | |
| I give permission for the care provider to apply the following: | | | | |
| Insect Repellent Yes 🞏 No 🞏 | | **Parent Signature** | |  |
| Antiseptic Yes 🞏 No 🞏 | | **Parent Signature** | |  |
| Zinc and Castor Oil Cream Yes 🞏 No 🞏 | | **Parent Signature** | |  |
| Cornstarch Powder Yes 🞏 No 🞏 | | **Parent Signature** | |  |
| Baby Wash (ie. Infacare) Yes 🞏 No 🞏 | | **Parent Signature** | |  |
| 30+ Sunscreen Yes 🞏 No 🞏  Yes 🞏 No 🞏  Yes 🞏 No 🞏  Yes 🞏 No 🞏 | | **Parent Signature** | |  |
| **Parent Signature** | |  |
| **Parent Signature** | |  |
| **Parent Signature** | |  |
| Are you aware of any allergic reaction by your child to any of the above skin preparations? | | | | |
| Yes 🞏 No 🞏**arent Signature** | **Parent Signature** | |  | |

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| **Parent / Guardian** | | | | |
| **Name** |  | | | |
| **Signature** |  | | **Date** | **/ /** |
|  |  |  | |  |
| **Witness** | | | | |
| **Name** |  | | | |
| **Signature** |  | | **Date** | **/ /** |