



Hendon OSHC – Updated Details 2027

This information is confidential and will be available to supervising educators and emergency personnel

Child's Information:

Child's First Name: _____ Family Name: _____

Residential Address:

Suburb: _____ Post Code: _____ Year Level: _____

Does your child identify as Aboriginal or Torres Strait Islander?

Aboriginal Torres Strait Islander Both NA

Language Spoken at Home: _____

People Living at Home: _____

Does your child have a health care need, disability or diagnosis that we need to be aware of at OSHC?

Does your child have any routine medication requirements? _____

Are there any Court Orders? Yes No (If yes please attach a copy of the order)



Additional Consent for OSHC activities

I _____ (print full name) with lawful authority to the child referred to in this enrolment form give consent to the following applicable areas.

Children's work publications consent:

Permission for my child's work (no photo of child) to be published in OSHC newsletters and publications displayed in OSHC and externally on the school website, and SPIKE app. Yes No

Sunscreen Consent:

Permission for my child to have a 30+ sunscreen applied as per the service sun smart policy

Yes No (if no, own sunscreen will need to be provided or discussed with the Director)

Permission for my child to receive help if needed to apply sunscreen Yes No

Water Play Consent:

Permission for my child to participate in water activities Yes No

Mud Play Consent:

Permission for my child to participate in mud play activities Yes No

PG Movie Consent:

Permission for my child to watch PG movies in OSHC during term and vacation care Yes No

Head lice consent:

Permission for the staff to check my child's hair if suspected head lice, I understand all checks will be conducted discreetly Yes No

Wet and Soiled Clothing:

Permission for child to receive help by a staff member (if needed) to get changed out of wet or soiled clothes Yes No

Permission for my child to use (as part of programmed activities):

(Please circle yes to indicate permission for each activity)

Face Paint Zinc Nail Polish Make up Temporary Tattoos

Photo Consent: My child has restricted photo consent Yes No

(Director will contact to discuss)