



# Albury Occasional Childcare and Early Learning Centre

ABN: 24 856 558 468

Assoc. Inc.

Dedicated to providing a quality learning  
experience in a safe, positive  
and caring environment

*Albury Occasional Child Care and Early Learning Centre must collect the children's enrolment information on this form as required by the education and care services National Regulations 2011 and Education and Care Services National Law Act 2010*

## Enrolment Form 2018

### CHILD'S DETAILS

Surname: \_\_\_\_\_ Given Name (s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Name by which child is usually called: \_\_\_\_\_

Former name (s) of child: \_\_\_\_\_  Male  Female

Residential address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Primary language of child: \_\_\_\_\_ Primary language of parents: \_\_\_\_\_

Is the child of Aboriginal or Torres Strait Islander background?  Yes  No

Child's Reference Number (Family Assistance Office): \_\_\_\_\_

Are there any special requirements for your child/ren such as cultural, religious practices, ethnicity? Please provide details:

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? Please provide details:

Please indicate if you are willing for your child to participate in traditional and/or religious celebrations or activities? Please also list any special occasions your family celebrate and/or cultural/religious considerations that Albury Occasional Child Care need to be aware of:

- Father's Day
- Mother's Day
- Easter
- Christmas

- Birthdays
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Medical Information (this is to be kept up to date always)

Doctor's name: \_\_\_\_\_ Surgery phone: \_\_\_\_\_

Surgery address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Medicare number (for emergency use only): \_\_\_\_\_

Health fund number child covered by: \_\_\_\_\_

Has this child ever had asthma?  Yes  No

Does this child take any regular medication? e.g. asthma pumps  Yes  No  
if yes, a management plan supplied by a doctor must be provided prior to commencement of care.

Does this child suffer from Anaphylaxis?  Yes  No  
If yes, a management plan supplied by a doctor must be provided prior to commencement of care.

Has this child been diagnosed with diabetes?  Yes  No  
If yes, a management plan supplied by a doctor must be provided prior to commencement of care.

Allergies and reactions: \_\_\_\_\_

Treatments: \_\_\_\_\_

Other relevant medical history: \_\_\_\_\_

## 2<sup>nd</sup> CHILD'S DETAILS

Surname: \_\_\_\_\_ Given Name (s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Name by which child is usually called: \_\_\_\_\_

Former name (s) of child: \_\_\_\_\_  Male  Female

Residential address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Primary language of child: \_\_\_\_\_ Primary language of parents: \_\_\_\_\_

Is the child of Aboriginal or Torres Strait Islander background?  Yes  No

Child's Reference Number (Family Assistance Office): \_\_\_\_\_

Are there any special requirements for your child/ren such as cultural, religious practices, ethnicity? Please provide details:

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Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? Please provide details:

Please indicate if you are willing for your child to participate in traditional and/or religious celebrations or activities? Please also list any special occasions your family celebrate and/or cultural/religious considerations that Albury Occasional Child Care need to be aware of:

- Father's Day
- Mother's Day
- Easter
- Christmas

- Birthdays
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Medical Information (this is to be kept up to date always)

Doctor's name: \_\_\_\_\_ Surgery phone: \_\_\_\_\_

Surgery address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Medicare number (for emergency use only): \_\_\_\_\_

Health fund number child covered by: \_\_\_\_\_

Has this child ever had asthma?  Yes  No

Does this child take any regular medication? e.g. asthma pumps  Yes  
 No if yes, a management plan supplied by a doctor must be provided prior to commencement of care.

Does this child suffer from Anaphylaxis?  Yes  No  
If yes, a management plan supplied by a doctor must be provided prior to commencement of care.

Has this child been diagnosed with diabetes?  Yes  No  
If yes, a management plan supplied by a doctor must be provided prior to commencement of care.

Allergies and reactions: \_\_\_\_\_

Treatments: \_\_\_\_\_

Other relevant medical history: \_\_\_\_\_

**PARENT/GUARDIAN DETAILS (parent 1)**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given name (s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Relationship to child/ren: \_\_\_\_\_

Name by which parent is known by: \_\_\_\_\_

Any former name (s): \_\_\_\_\_

Residential address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Customer reference number (Family Assistance Office): \_\_\_\_\_

**PARENT/GUARDIAN DETAILS (parent 2)**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given name (s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Relationship to child/ren: \_\_\_\_\_

Name by which parent is known by: \_\_\_\_\_

Any former name (s): \_\_\_\_\_

Residential address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Customer reference number (Family Assistance Office): \_\_\_\_\_

## EMERGENCY CONTACTS

Please nominate **two** people in order of preference who have agreed to act on your behalf in an emergency should we not be able to contact you. Your consent is required to authorise an Emergency/Medical Contact to collect your child from Albury Occasional Child Care and Early Learning Centre or give permission for medication to be given.

If your child is not collected from Albury Occasional Child Care and Early Learning Centre and the parents or guardians cannot be contacted, this list will be used to arrange for someone to collect the child.

If no emergency contacts have been provided and all attempts to contact parents/guardians have failed, the police will be contacted to act on behalf of the child.

### **1<sup>st</sup> Emergency Contact (other than parent/guardian 1 and 2)**

Full name: \_\_\_\_\_

Relationship to child/ren: \_\_\_\_\_

Residential address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Is this person an emergency/medical contact?  Yes  No

Is this person an authorised nominee who can provide written authorisation for an additional person to collect your child/ren?  Yes  No

### **2<sup>nd</sup> Emergency Contact (other than parent/guardian 1 and 2)**

Full name: \_\_\_\_\_

Relationship to child/ren: \_\_\_\_\_

Residential address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Is this person an emergency/medical contact?  Yes  No

Is this person an authorised nominee who can provide written authorisation for an additional person to collect your child/ren?  Yes  No

**AUTHORITY TO COLLECT (other than parent/guardian 1 and 2)**

Staff will NOT allow children to leave the Centre with anyone other than those listed below. Any person not known to staff will need to provide identification.

**Person 1**

Full name: \_\_\_\_\_

Relationship to child/ren: \_\_\_\_\_

Residential address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Person 2**

Full name: \_\_\_\_\_

Relationship to child/ren: \_\_\_\_\_

Residential address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**COURT ORDERS**

Are there any court orders affecting the custody of your child/ren? Yes No

Please include details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A copy must be attached and the Director needs to be notified if circumstances change. It is the parents responsibly to provide the service with up to date current court orders as circumstances change.

**AGREEMENT BETWEEN PARENT/CAREGIVER AND ALBURY OCCASIONAL CHILD CARE AND EARLY LEARNING CENTRE ASSOC. INC.**

**Registration Costs**

I, \_\_\_\_\_ (full name of applicant), of \_\_\_\_\_ (full address) hereby apply to become a member of the above named incorporated association, after the second time I use the service this year. In event of admission as a member I agree to pay a charge of \$30.00 (Incl. GST) and be bound by the rules of the association for the time being in force. This is to cover insurances and administration costs.

**Terms and Conditions**

- I have attached a copy of my child’s (or children’s) birth certificate.
- I have attached a copy of my child’s (or children’s) immunisation history-From Medicare.
- I have read understood and will abide by the Parent Handbook.
- I will provide a \$100.00 bond or my credit card for account security purposes – please fill in details below. **Please note your application will not be accepted if this bond is not paid.**
- I will provide the registration fee. **Please note your application will not be accepted if this registration fee is not paid.**
- I agree to pay all fees on the day of care provided or on a regular nominated day per week as agreed with the Director.
- I agree to provide any medication required for my child in its original packaging. I will sign a medication form authorising staff to administer any prescribed medication to my child/ren.
- I agree to provide my child with adequate food and a drink bottle with water each visit. I agree to provide adequate nappies, changes of clothes and a hat for my child each visit.
- I agree to keep all personal information regarding parent and child/ren details up to date. I have provided the Centre with any relevant illness/medical management plan package/s for my child/ren.
- I have received a copy of the policy “Dealing with Medical Conditions Including Severe Allergy, Anaphylaxis Asthma and Diabetes” (please see attached appendix 1).
- If applicable, I have attached a copy of any relevant court orders regarding the custody of my child/ren.
- If applicable, to my child I have completed the service’s management plan for children with Asthma, Anaphylaxis or Diabetes and returned it to the service or provided a copy that has been completed by a medical practitioner.

**COMPULSORY PROVISION OF \$100 BOND FOR ALL FAMILIES:**

Credit card number: \_\_\_\_\_

Name on credit card: \_\_\_\_\_

Expiry date: \_\_\_\_\_ CCV number: \_\_\_\_\_

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_



## Parent/Guardian Permissions

1. **Emergency Action:** Should my child/ren suffer an injury or illness whilst at the Albury Occasional Childcare and Early Learning Centre, I give permission for staff to seek any appropriate medical, dental, ambulance and/or hospital treatment, and for the treatment to be carried out as necessary. I agree to be responsible for all costs incurred and I understand that if I am not a member of an ambulance fund, all costs incurred are my responsibility.
2. **Panadol:** I give my permission for staff to administer Infant/Children's Panadol (or other approved brand) to my child/ren, should he/she run a high temperature that cannot be controlled by tepid cloths. I understand that all efforts will be made by staff to contact me or my emergency contact person should this situation arise.
3. **Band-Aids:** I give my permission to have an abrasion or small cut washed with water and a band aid applied if needed.
4. **Medication:** I have read and understood the center's policy regarding administration of Medication (Medicine can only be given if child's name is on correct label and this has been provided by a health care professional).
5. **Nappy Rash Treatment:** I give my permission for staff to use am-o-lin cream and or sudocrem on my baby at nappy changes if they feel that it is necessary. I understand that I will be informed by staff on my arrival.
6. **Head Lice:** I give my permission for my child/ren's hair to be checked for head lice during the year when outbreaks occur, or if my child is scratching or complains of itchiness on their head. I will be available to collect my child/ren from care if at any time the condition is detected on my child/ren.
7. **Sunscreen:** I understand that staff would prefer me to apply my own sunscreen to my child/ren before I leave the Centre. I give my permission for staff to apply a non-allergenic sunscreen to my child/ren if I have not supplied my own, or if I have forgotten to apply my own.
8. **Student Observations:** I give my permission for my child/ren to be observed by students for learning and education purposes.
9. **Photographs:** I understand that from time to time the local papers request the Centre to provide children to be photographed for various reasons. I also understand that the staff have a Centre camera/IPAD that they use to take photos of the children playing. I give my permission for my child/ren to be photographed.
10. **Security Cameras:** I understand that there are security cameras installed on the premises and operate in the entry foyer and rear verandah of the building. The images are stored on a hard drive and kept on premises for security purposes only.
11. **Fundraising:** I understand that from time to time the Centre conducts fundraising activities and I agree to assist where possible.

I understand that by signing below I agree with clauses numbered 1 to 11 above.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Specific Photo permission:**

During your child's time at Albury Occasional Childcare and Early Learning Centre, we take photos of children alone and in group situations.

Can you please indicate the option/s you feel are appropriate for your child?

**Educator records**

Yes     No

**Displays at the service**

Yes     No

**Newsletters**

Yes     No

**Individual Portfolios**

Yes     No

**Other child's portfolio (in a group situation)    Photo disc (child's own)**

Yes     No

Yes     No

**Photo disc (other child's)**

Yes     No

**Newspaper articles**

Yes     No

**Advertising**

Yes     No

**Videos**

Yes     No

**Student records**

Yes     No

**Other publications**

Yes     No

**Specific See Saw app permission:**

Educators use a digital app based programming tool called See Saw. The digital portfolios will record snap shots and written observations of your child/ren's developmental progress and their play alongside peers. As well as provide a portal for announcements and curriculum up-dates. Families will be provided with secure unique login codes, where a little like Facebook you will see posted feeds related to your child/ren's day in care. Families will be able to comment on posts and add suggestions and feedback through the portal.

I understand that my child/ren will be in photos with other children and these will be shared amongst other families.

Please sign below to give specific permission for your child to be involved in the digital app based programming tool "See Saw"

\_\_\_\_\_

Name

\_\_\_\_\_

Signed

\_\_\_\_\_

Date

**Declaration of Information Provided**

A person with lawful Authority (parent/guardian) of the child referred to in this enrolment form- Declare that the information in this enrolment form is true and correct and undertake to immediately inform Albury Occasional Child Care and Early Learning Centre Assoc.Inc. in the event of any change to this information.

Name of parent/guardian: \_\_\_\_\_

Signed: \_\_\_\_\_  
(signature of parent/guardian)

Date: \_\_\_\_\_

## SURVEY – ABOUT YOUR CHILD

Please assist staff help your child through orientation by completing this form.

Child's Name & D.O.B:

\_\_\_\_\_

Please list your child's favorite:

Song: \_\_\_\_\_

Books: \_\_\_\_\_

Videos: \_\_\_\_\_

Toy or stuffed animal: \_\_\_\_\_

Game: \_\_\_\_\_

Inside activity: \_\_\_\_\_

Outside activity: \_\_\_\_\_

Has your child ever been in child care before if so what type? (Centre, family daycare, grandma etc.)

Has your child had experience playing with other children?

How would you describe your child's temperament? Are they easy going, shy, outgoing?

Is your child easily frightened or afraid of anything (such as loud noises like lawn mowers or vacuum cleaners?)

Does your child have any security objects such as a blanket, soother, bottle, toy etc.?

Does your child sleep during the day if so what times and please specify if this is in a cot or bed?

What language(s) are spoken at home? (If English is your child's second language please provide a list of key words your child recognizes and uses in their primary language)

What celebrations and events do you celebrate at home? (Harmony day, exam results, birthdays etc.)

What activities do you as a family enjoy participating in and doing on the weekends?

Does your child have any siblings? Please name them and specify ages and gender.

Other people who have regular contact and are involved with my child's care (grandparents, step parents, friends, etc.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Anything else you would like to share about your child to help him/her feel more comfortable

## **SURVEY – ABOUT THE PARENT/S**

Please provide a current email address for Centre notifications and publications such as newsletters and policy updates:

What was your first impression of the Centre?

Please list your occupation and if you'd be willing for staff to discuss ways in which your skills and knowledge may be able to provide valuable assistance and input into the service delivery.

Our Centre is a not for profit organisation. Fundraising is an integral part of our service. Do you have any suggestions or ways you can assist the Centre for fundraising projects?

Do you have any ideas or comments about the Centre?

Where did you hear about the Centre? (Friends, internet advertisement etc.)

Please indicate your purpose for using the service (work, leisure, appointments, study, respite, socialise child etc.)

Are you interested in joining the management committee?

- Yes       No

## **MEDICAL CONDITIONS POLICY** (Appendix 1)

### **Aim**

To ensure that the risks relating to the child's specific health care need, allergy or relevant medical conditions are assessed and minimised.

### **Goals**

Albury Occasional Child Care and Early Learning Centre will minimise the risks around medical conditions of children by:

- Collaborating with families of children with diagnosed medical conditions to develop a risk minimisation plan for their child.
- Informing all staff, including casual staff, educators and volunteers, of all children diagnosed with a medical condition and the risk minimisation procedures for these.
- Providing all families with current information about identified medical conditions of children enrolled at the service and with strategies to support the implementation of the risk minimisation plan, such as informing other families enrolled at the Centre of the need to prohibit any items which may present a hazard to children with diagnosed medical conditions.
- Ensuring all children with diagnosed medical conditions have a current risk minimisation plan that is accessible to all staff.
- Ensuring all staff are adequately trained in the administration of emergency medication.
- Ensuring that any parent with a child enrolled at the service that has a specific health care need, allergy or other relevant medical condition is provided with a copy of this *Medical Conditions* policy.
- Inform parents of the requirement to provide the service with a medical management plan of their child's condition.
- Ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented along with lunch box monitoring and adequate supervision throughout meal routines.
- To ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented.
- To develop and implement practices and procedures for ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication and are aware of the medical conditions policy.
- To ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented.
- Implement procedures to ensure that all medication plans are current and kept up to date.
- Develop a communication plan to ensure that parents can communicate any changes to the medical management plan and risk minimisation plan.

## **Management of Asthma and Anaphylaxis**

### **the Nominated Supervisor will:**

- Ensure that all staff are adequately trained in the management of asthma and anaphylaxis, and that training includes identifying medical emergencies.
- Ensure that all staff are adequately trained in the administration of emergency medication such as the Epi-Pen or asthma medication.
- Ensure documentation is appropriately recorded and confidentially stored for the specified period as required by the Regulation.
- Provide a copy of the Medication Record to medical staff in the event further medical intervention is required.

### **Educators and staff will:**

- Be alert to the immediate needs of children who present with symptoms of anaphylaxis and asthma; and
- Administer emergency medication in accordance with their training, as required.
- Complete a Medication Record when a child receives emergency medication and will provide parents with a copy of the Medication Record.
- Educators respond in an effective manner to any medical conditions incident, and documentation is completed, shared, and stored as appropriate.

## **Asthma**

### **The Nominated Supervisor will:**

- Provide Emergency Asthma Management Training to all staff and ensure qualifications are updated as required.
- Provide staff with a copy of this policy and brief them on asthma procedures such as storage of management plans and medication upon their appointment.
- Ensure at least one staff member who has completed accredited asthma training is on duty whenever children are present at the service.
- Ensure all enrolment forms contain the question: "Has your child ever had asthma?"
- Identify children with asthma during the enrolment process and inform staff.
- Provide families thus identified with a copy of this policy and Asthma Action Plan upon enrolment or diagnosis.
- Store Asthma Action Plans in the child's enrolment record and display management plans in a prominent place in the kitchen so is accessible for all educators, volunteers and students.
- Formalise and document the internal procedures for emergency Asthma First Aid;
- Ensure that an emergency Asthma First Aid poster is displayed in key locations.
- Ensure that the First Aid Kit contains a blue reliever medication (e.g. Airomir, Asmol, or Ventolin), a spacer device, face mask, concise written instructions on Asthma First Aid procedures and 70% alcohol swabs;
- Ensure that an accredited staff member correctly maintains the asthma component of the First Aid Kit (e.g. regular checks of expiry dates on medication)



- Encourage open communication between families and staff regarding the status and impact of a child's asthma and promptly communicate any concerns to families should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.

**Educators will:**

- Ensure that they maintain current accreditation in Emergency Asthma Management (valid for three years).
- Ensure that they are aware of the children in their care with asthma.
- Ensure, in consultation with the family, the health and safety of each child through supervised management of the child's asthma.
- Identify and, where practical, minimise asthma triggers.
- Where necessary, modify activities in accordance with a child's needs and abilities.
- Ensure that all regular prescribed asthma medication is administered in accordance with the information on the child's written Asthma Action Plan.
- Administer emergency asthma medication if required according to the child's written Asthma Action Plan. If no written Asthma Action Plan is available the Asthma First Aid procedures outlined in this document should be followed immediately.
- Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.
- Ensure that children with asthma are treated the same as all other children.

**Families will:**

- Inform staff, either upon enrolment or on initial diagnosis, that their child has a history of asthma.
- Provide all relevant information regarding their child's asthma via the written Asthma Action Plan, which should be provided to the Centre within seven (7) days of enrolment.
- Notify the Nominated Supervisor, in writing, of any changes to the Asthma Action Plan during the year.
- Ensure that their child has an adequate supply of appropriate asthma medication (including reliever) always, along with a spacer and facemask.
- Ensure that they comply with all requirements and procedures in relation to the Medications Record.
- Communicate all relevant information and concerns to educators as the need arises (e.g. if asthma symptoms were present the previous evening)
- Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's asthma.

## **Anaphylaxis Management**

### **The Nominated Supervisor will:**

- Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner.
- Ensure that an anaphylaxis medical management action plan signed by the child's Registered Medical Practitioner and a copy inserted into the enrolment record of each child. The plan must outline the allergies and describe the prescribed medication for that child and the circumstances in which that medication should be used.
- Ensure a copy of the anaphylaxis plan is displayed in a prominent area in the kitchen and is accessible to Educators, Students and volunteers.
- Ensure a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the service.
- Ensure staff members on duty whenever children are present at the service have completed emergency anaphylaxis management training.
- Ensure that all relief staff members in a service have completed current approved anaphylaxis management training including the administration of an adrenaline auto-injection device and are aware of the symptoms of an anaphylactic reaction.
- Ensure all staff know the child/children at risk of anaphylaxis, their allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit.
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without the device.
- Ensure that a notice is displayed prominently in the main entrance of the service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service.

### **Staff responsible for the child at risk of anaphylaxis shall:**

- Ensure a copy of the child's anaphylaxis medical management action plan is visible and known to educators in a service.
- Follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis.

In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:

- Call an ambulance immediately by dialing 000 (or 122 on mobile)
- Commence first aid procedures
- Contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted

Maintain current first aid and anaphylaxis training qualifications to remain familiar with the administration procedures of the adrenaline auto-injection device and symptoms of anaphylactic reactions.

- Ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.
- Regularly check the adrenaline auto-injection device expiry date.

**Parents/guardians of children shall:**

- Inform staff at the children's service, either on enrolment or on diagnosis, of their child's allergies.
- Develop an anaphylaxis risk minimisation plan with servicestaff.
- Provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan.
- Provide staff with a complete auto-injection device kit.
- Regularly check the adrenaline auto-injection device expiry date.
- Assist staff by offering information and answering any questions regarding their child's allergies.
- Notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes.
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.
- Comply with the service's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without that device.