



**WYNN VALE OSHC**

**POLICY DOCUMENT**

**POLICIES INCLUDED WITH  
ENROLEMENT PACKAGE**

Wynn Vale School OSHC/Vacation Care

POLICIES INCLUDED WITH ENROLEMENT PACKAGE

Childs name \_\_\_\_\_

I have read and understand the Centre's **Medication Policy** and acknowledge that paracetamol will not be given to my child by a staff member, except within strict guidelines (see medication policy).

Medication that is prescribed as a single course, over a defined period to be administered at defined intervals will only be administered when supplied in its original packaging. The original packaging must have clearly labeled directives.

I understand that any medication, prescribed or non-prescribed (e.g. cough mixtures, herbal mixtures, ventolin, teething gel, creams) will not be given to my child without a Health Management Plan completed by a medical practitioner or an accredited naturopath.

Medication must be provided in the original container with the child's name and dosage, and must be within the use by date. Medication is not to be pre mixed.

I agree to inform staff of the time and dose of any medication that has been given to my child within 12 hours before arriving at the Centre.

If my child develops a high temperature while in childcare, the staff will contact me or a nominated emergency contact to arrange for my child to be collected. I understand that in the meantime, should my child's condition give cause for concern, staff will call Ambulance SA for advice, which may include the need for my child to be transported to hospital.

I have read the **Late Pick Up/Emergency Policy** and agree to abide by the terms and conditions and have noted that your hours of operation and realize that I cannot drop my child/ren off before 7:00am before school care (regardless whether staff are already setting up in the room). I also realize that I must collect my child/ren by 6:15pm. If I do not collect my child/ren by this time I will be charged \$3 per minute per child as a late pick up fee, and \$5 per minute if this reoccurs. I am also aware that if I continually pick my child/ren up late then I will be asked to make alternative child care arrangements for my child/ren and that staff cannot care for my child beyond 6:45pm and Crisis Care will be called to collect the child/ren.

I have read the **Fee Policy** and agree to abide by the terms and conditions. I will also pay my invoices on a weekly basis and I realize that if I fail to meet this commitment my child/ren will be suspended from the program. I realize that I will be charged for days booked whether my child/ren attends for that booking or not. The only exception for not being charged is allowing 2 weeks' notice for a medical appointment or being given short notice by my employer for compulsory annual leave.

I have read the **Behaviour Management Policy** and agree to abide by the terms and conditions and will fully support the program in its implementation.

Signature \_\_\_\_\_

Name (print) \_\_\_\_\_

Date \_\_\_\_\_

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CHAIRPERSON

REVIEWED: / /

NEXT DUE: / /

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SECRETARY