Our Lady Queen of Peace School
106 Botting Street
Albert Park 5014
P: 8345 4036
F: 8347 0287

(During school hours)
OSHC Mobile 0417 840 700
Email: jfahey@olqp.catholic.edu.au
OSHC Entry VIA Selth Street

Vacation Care Program

December 2016 – January 2017

Operating Hours
Monday- Friday 7:00 am – 6:00 pm

Holiday Dates
Monday 19 December – Friday 23 December
Monday 9 January – Friday 27 January

Please note the centre is closed on 26 January
and Friday 27 January

Vacation Care Fee
Incursion Vacation Care Day $50.00
Excursion Vacation Care Day $55.00
CCB Reductions apply to those who are eligible and who have registered with Centrelink

Cancellation of Bookings
Cancellation is required 2 days prior to attendance.
Full payment of fees may be required if cancellations are not made 2 working days
prior to booking. No refunds for cancellation of excursion days.
Vacation Care Information

- Recess, lunch, a drink bottle and a sun safe hat are standard items which you need to provide each day your child attends the Vacation Care Program (unless stated that lunch is provided). A sun safe hat is compulsory from September to April and on all excursions. A NO HAT, NO PLAY policy applies. Every child that attends holiday care will be required to purchase a Red Legionnaires hat for $8.00 that will remain at and be maintained by the service. This hat or a red school hat must be worn on excursions. This is a once off purchase unless lost or damaged.

- Children enrolled at this service have been diagnosed as being at risk of Anaphylaxis. Therefore, it is expected that your child will attend the service with foods free from nut products (e.g. peanut butter, Nutella).

- If your child has a diagnosed medical condition requiring medication, you must pack the medication and ensure that OSHC Staff have seen an action plan (Asthma or Anaphylaxis) or that you have a letter from your GP stating the required medication, dosage, time and frequency. OSHC Staff will ask you to complete a 'Medication Data Sheet'.

- Please ensure your child is wearing appropriate clothing according to weather forecasts and the daily activities planned.

- Enclosed footwear is preferable, as physical activity is planned regularly each day.

  No thongs please

- If your child chooses to bring toys to the service, the toys are the responsibility of your child.

- Please encourage your child to keep all electronic devices at home. Our Staff encourage all children to socialise with one another; electronic devices may limit their interactions with other children, unless stated on the program.

- If you need to contact your child at any point during the day, please call the OSHC mobile (0417840700).

- Our hours of operation are 7:00am to 6:00pm. If you collect your child after 6:00pm, you will be charged a late fee of $1.00 per minute.

- Children must be accompanied by an adult to be signed in each morning.

- At the end of your child’s session, you are required to sign your child out. If an unauthorised person is collecting your child, you must inform OSHC staff that this is occurring, so that identification can be requested.

- Families using our services for the first time will need to complete an OSHC enrolment form; this is in addition to the Vacation Care enrolment form.

- Vacation Care invoices will be issued at the end of holiday care; payments need to be finalised within 7 days or negotiated with Jo or Maureen at the front office.
• A Risk Assessment for excursions and relevant incursions is available on request.

• Limited spaces may be available for preschool children.

• Childcare Benefits:

  Please ensure that you have advised the Family Assistance Office that your child/ren will be attending Our Lady Queen of Peace Vacation Care.
  
  ▪ We are a government funded out of hours care facility therefore child care benefit reductions are available to families who are registered with the Family Assistance Office.
  
  ▪ We recommend that all families wanting to use Vacation Care apply for a Childcare Benefit Rebate, as this could reduce your fees. Please contact the Family Assistance Office on 136150 for more information.
  
  ▪ All families that use this service need to register for a Customer Reference Number from the Family Assistance Office even if you are not receiving a Childcare Benefit, but would like to receive the Family Tax Rebate.
Our Lady Queen of Peace Vacation Care  
December 2016  
All bookings and enquiries please phone 0417840700 or email: jfahey@olqp.catholic.edu.au

<table>
<thead>
<tr>
<th>Monday 19 Dec</th>
<th>Tuesday 20 Dec</th>
<th>Wednesday 21 Dec</th>
<th>Thursday 22 Dec</th>
<th>Friday 23 Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Christmas Craft Day</strong></td>
<td><strong>Christmas Music Day</strong></td>
<td><strong>Interactive Stage Show</strong></td>
<td><strong>Semaphore Movie Day Excursion</strong></td>
<td><strong>Wheels Day</strong></td>
</tr>
<tr>
<td>Bring your instruments and play with James &amp; Lia</td>
<td>We will play and sing our favourite Christmas songs</td>
<td>Put on a costume and become part of the show</td>
<td>Additional $6.00 candy bar deal. Let staff know if you would like to opt out.</td>
<td>Bring your bike, skateboard or scooter! Closed in shoes and helmets are a MUST.</td>
</tr>
</tbody>
</table>

We will be making lots of Christmas themed craft to take home.

**Lunch**
- Bring recess and lunch from home.

Please ensure your child has a **sun safe hat** and a **refillable drink bottle** every day.
## Our Lady Queen of Peace Vacation Care
### January 2017
All bookings and enquiries please phone 0417840700 or email: jfahey@olqp.catholic.edu.au

<table>
<thead>
<tr>
<th>Monday 9 Jan</th>
<th>Tuesday 10 Jan</th>
<th>Wednesday 11 Jan</th>
<th>Thursday 12 Jan</th>
<th>Friday 13 Jan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Harry Potter Day</strong></td>
<td><strong>Games 2 U Incursion</strong></td>
<td><strong>ICA Sportz Worx Stepney Excursion</strong></td>
<td><strong>Animal Capers Incursion</strong></td>
<td><strong>Puzzle Day</strong></td>
</tr>
<tr>
<td>[Image of Harry Potter characters]</td>
<td>[Image of Games 2 U Logo]</td>
<td>[Image of ICA Sportz Worx Stepney Excursion]</td>
<td>[Image of Animal Capers Incursion]</td>
<td>[Image of Puzzle Day]</td>
</tr>
<tr>
<td>Dress as your favourite character.</td>
<td>[Giant Hamster Ball Laser Tag Outside Game Theatre Water Tag] 10:00am - 12:00pm</td>
<td>10:00am – 2:00pm Let’s go play cricket, soccer, netball, dodgeball, t-ball and other fun games. Four hours of fitness fun.</td>
<td>Different animals are visiting our School There could be feathers, fur or scales. 11:00 – 12:00</td>
<td>Test your puzzle solving skills. Bring some puzzles from home</td>
</tr>
<tr>
<td>Children to arrive by 8.45  Bus departs at 9.15  Bus returns at 2.30pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch Bring recess and lunch from home.</td>
<td>Lunch Bring recess and lunch from home.</td>
<td>Lunch Bring recess and lunch from home</td>
<td>Lunch Bring recess and lunch from home</td>
<td>Recess Bring recess from home</td>
</tr>
</tbody>
</table>

Please ensure your child has a **sun safe hat** and a **refillable drink bottle** every day.
# Our Lady Queen of Peace Vacation Care

**January 2017**

All bookings and enquiries please phone 0417840700 or email: jfahey@olqp.catholic.edu.au

<table>
<thead>
<tr>
<th>Monday 16 Jan</th>
<th>Tuesday 17 Jan</th>
<th>Wednesday 18 Jan</th>
<th>Thursday 19 Jan</th>
<th>Friday 20 Jan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sensory Day</strong></td>
<td>Pop-Up Science Centre Excursion</td>
<td>Semaphore Movie Day Excursion</td>
<td>Interactive Stage Play Ultimate Food Fight Incursion</td>
<td><strong>Star Wars Day</strong></td>
</tr>
<tr>
<td><strong>Sensory Activities</strong></td>
<td>10:00am – 1:00pm</td>
<td>Lunch on the Foreshore</td>
<td>Come and join in the fun and take part in the play 1:30pm – 3:00pm</td>
<td></td>
</tr>
<tr>
<td>It could get messy!</td>
<td>Exhibits, Stardome session and 4 Workshops!</td>
<td>A ride on the Semaphore Carousel at lunch time Additional $6.00 candy bar deal. Let staff know if you would like to opt out.</td>
<td>Come dressed as your favourite Star Wars character. Join in all the day’s activities May the force be with you.</td>
<td></td>
</tr>
<tr>
<td>Lunch Bring recess and lunch from home.</td>
<td>Lunch Bring recess and lunch from home.</td>
<td>Lunch Bring recess and lunch from home.</td>
<td>Lunch Bring recess and lunch from home.</td>
<td></td>
</tr>
</tbody>
</table>

Please ensure your child has a **sun safe hat** and a **refillable drink bottle** every day.
Our Lady Queen of Peace Vacation Care
January 2017
All bookings and enquiries please phone 0417840700 or email: jfahey@olqp.catholic.edu.au

<table>
<thead>
<tr>
<th>Monday 23 Jan</th>
<th>Tuesday 24 Jan</th>
<th>Wednesday 25 Jan</th>
<th>Thursday 26 Jan</th>
<th>Friday 27 Jan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sport Day</strong></td>
<td><strong>Latitude Excursion</strong></td>
<td><strong>Mini Golf Day Incursion</strong></td>
<td><strong>Closed</strong></td>
<td><strong>Closed</strong></td>
</tr>
</tbody>
</table>

- Mel is here to help us improve our T-Ball and Cricket skills. Suitable shoes are a must.
- We are visiting from 11:00am -12:00pm
- Closed in shoes are a must for climbing
- The OSHC Mini Golf Championship is on.
- Students to arrive by 9:30, Bus departs at 10:00, Returns at 1:00

**9:30am – 11:30am**

- Lunch: Bring recess and lunch from home.
- Lunch: Bring recess and lunch from home.
- Lunch: Bring recess and lunch from home.

Please ensure your child has a **sun safe hat** and a **refillable drink bottle** every day.
PARENT CONSENT FORM

Child/ren’s names: ________________________________

Parents/ Caregiver Name: __________________________

I consent to my child/ren viewing PG movies (Signature required) __________________________

Children’s names must be written in space provided and signed on all required days.

<table>
<thead>
<tr>
<th>Week 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monday 19 December 2016</strong></td>
<td></td>
</tr>
<tr>
<td>I give my child/ren consent to participate in</td>
<td></td>
</tr>
<tr>
<td>Christmas Craft Day and indoor and outdoor play on the courts and</td>
<td></td>
</tr>
<tr>
<td>playground</td>
<td></td>
</tr>
<tr>
<td>Childs name:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td><strong>Tuesday 20 December 2016</strong></td>
<td></td>
</tr>
<tr>
<td>I give my child/ren consent to participate in</td>
<td></td>
</tr>
<tr>
<td>Christmas Music Day and indoor and outdoor play on the courts and</td>
<td></td>
</tr>
<tr>
<td>playground</td>
<td></td>
</tr>
<tr>
<td>The School does not take responsibility for lost or damaged property</td>
<td></td>
</tr>
<tr>
<td>bought from home.</td>
<td></td>
</tr>
<tr>
<td>Childs name:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td><strong>Wednesday 21 December 2016</strong></td>
<td></td>
</tr>
<tr>
<td>I give my child/ren consent to participate in</td>
<td></td>
</tr>
<tr>
<td>an Interactive Stage Show and in indoor and outdoor play on the</td>
<td></td>
</tr>
<tr>
<td>courts and playground.</td>
<td></td>
</tr>
<tr>
<td>Childs name:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td><strong>Thursday 22 December 2016</strong></td>
<td></td>
</tr>
<tr>
<td>I give my child/ren consent to travel by chartered bus to Odeon</td>
<td></td>
</tr>
<tr>
<td>Cinema, Semaphore Rd, Semaphore to view “Trolls” and walk to the</td>
<td></td>
</tr>
<tr>
<td>foreshore for lunch and go on the playground and carousel, weather</td>
<td></td>
</tr>
<tr>
<td>permitting, and indoor and outdoor play at school</td>
<td></td>
</tr>
<tr>
<td>Childs name:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td><strong>Friday 23 December 2016</strong></td>
<td></td>
</tr>
<tr>
<td>I give my child/ren consent to participate in</td>
<td></td>
</tr>
<tr>
<td>Wheels day and in indoor and outdoor play on the courts and play</td>
<td></td>
</tr>
<tr>
<td>ground.</td>
<td></td>
</tr>
<tr>
<td>The School does not take responsibility for lost or damaged property</td>
<td></td>
</tr>
<tr>
<td>bought from home.</td>
<td></td>
</tr>
<tr>
<td>Childs name:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
</tbody>
</table>
PARENT CONSENT FORM

Child/ren’s names: ________________________________

Parents/ Caregiver Name: ________________________________

I consent to my child/ren viewing PG movies (Signature required) ____________________________

Children’s names must be written in space provided and signed on all required days.

<table>
<thead>
<tr>
<th>Week 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monday 9 January 2017</strong></td>
<td>I give my child/ren consent to participate in “Harry Potter Day” and indoor and outdoor play at school.</td>
</tr>
<tr>
<td>Childs name:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td><strong>Tuesday 10 January 2017</strong></td>
<td>I give my child/ren consent to participate in the events from “Games 2 U”, Giant Hamster Ball, Water/Laser Tag and the outside games theatre. Also indoor and outdoor play on the courts and playground</td>
</tr>
<tr>
<td>Childs name:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td><strong>Wednesday 11 January 2017</strong></td>
<td>I give my child/ren consent to travel by charted bus to ICA Sportz Worx at 1 Stepney St, Stepney to participate in indoor sport activities and indoor and outdoor play on the courts and playground when at school.</td>
</tr>
<tr>
<td>Childs name:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td><strong>Thursday 12 January 2017</strong></td>
<td>I give my child/ren consent to participate in “Animal Capers”, being introduced to a variety of animals and to participle in indoor and outdoor play on the courts and play ground.</td>
</tr>
<tr>
<td>Childs name:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td><strong>Friday 13 January 2017</strong></td>
<td>I give my child/ren consent to participate in Puzzle Day and to participle in indoor and outdoor play on the courts and play ground.</td>
</tr>
<tr>
<td>Childs name:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
</tbody>
</table>
PARENT CONSENT FORM

Child/ren’s names: ____________________________________________

Parents/ Caregiver Name: _____________________________________

I consent to my child/ren viewing PG movies (Signature required) __________________________________

Children’s names must be written in space provided and signed on all required days.

<table>
<thead>
<tr>
<th>Week 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monday 16 January 2017</strong></td>
<td>I give my child/ren consent to participate in Sensory Activity Day and indoor and outdoor play on the courts and playground</td>
</tr>
<tr>
<td></td>
<td>Childs name: ____________________________________________</td>
</tr>
<tr>
<td></td>
<td>Signature: _____________________________________________</td>
</tr>
<tr>
<td><strong>Tuesday 17 January 2017</strong></td>
<td>I give my child/ren consent to travel by chartered bus to the Adelaide Showgrounds, to participate in the “Pop Up Science Show” and indoor and outdoor play at school.</td>
</tr>
<tr>
<td></td>
<td>Childs name: ____________________________________________</td>
</tr>
<tr>
<td></td>
<td>Signature: _____________________________________________</td>
</tr>
<tr>
<td><strong>Wednesday 18 January 2017</strong></td>
<td>I give my child/ren consent to travel by chartered bus to Odeon Cinema, Semaphore Rd, Semaphore to see “Sing”, and walk to the foreshore for lunch, weather permitting, and indoor and outdoor play at school.</td>
</tr>
<tr>
<td></td>
<td>Childs name: ____________________________________________</td>
</tr>
<tr>
<td></td>
<td>Signature: _____________________________________________</td>
</tr>
<tr>
<td><strong>Thursday 19 January 2017</strong></td>
<td>I give my child/ren consent to participate in an Interactive Stage Show and in indoor and outdoor play on the courts and playground. Electronics are allowed.</td>
</tr>
<tr>
<td></td>
<td>Childs name: ____________________________________________</td>
</tr>
<tr>
<td></td>
<td>Signature: _____________________________________________</td>
</tr>
<tr>
<td><strong>Friday 20 January 2017</strong></td>
<td>I give my child/ren consent to participate in Star Wars Day and indoor and outdoor play on the courts and playground</td>
</tr>
<tr>
<td></td>
<td>Childs name: ____________________________________________</td>
</tr>
<tr>
<td></td>
<td>Signature: _____________________________________________</td>
</tr>
</tbody>
</table>
PARENT CONSENT FORM

Child/ren’s names: ________________________________________________

Parents/ Caregiver Name: ________________________________________

I consent to my child/ren viewing PG movies **(Signature required)** __________________________

Children’s names must be written in space provided and signed on all required days.

<table>
<thead>
<tr>
<th>Week 4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monday 23 January 2017</strong> I give my child/ren consent to participate</td>
<td></td>
</tr>
<tr>
<td>in a T-Ball and Cricket workshop facilitated by a professional</td>
<td></td>
</tr>
<tr>
<td>representative, wearing appropriate clothing. Also to participate in</td>
<td></td>
</tr>
<tr>
<td>indoor and outdoor play at school.</td>
<td></td>
</tr>
<tr>
<td>Children’s name:</td>
<td></td>
</tr>
<tr>
<td>__________________________</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>__________________________</td>
<td></td>
</tr>
<tr>
<td><strong>Tuesday 24 January 2017</strong> I give my child/ren consent to travel by</td>
<td></td>
</tr>
<tr>
<td>chartered bus to “Latitude” at Greenacres for climbing and bouncing</td>
<td></td>
</tr>
<tr>
<td>fun and indoor and outdoor play on the courts and playground at</td>
<td></td>
</tr>
<tr>
<td>school.</td>
<td></td>
</tr>
<tr>
<td>Children’s name:</td>
<td></td>
</tr>
<tr>
<td>__________________________</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>__________________________</td>
<td></td>
</tr>
<tr>
<td><strong>Wednesday 25 January 2017</strong> I give my child/ren consent to play Mini</td>
<td></td>
</tr>
<tr>
<td>Golf at school. Also to participate in indoor and outdoor play at</td>
<td></td>
</tr>
<tr>
<td>school.</td>
<td></td>
</tr>
<tr>
<td>Children’s name:</td>
<td></td>
</tr>
<tr>
<td>__________________________</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>__________________________</td>
<td></td>
</tr>
<tr>
<td><strong>Thursday 26 January 2017</strong> CLOSED due to Public Holiday</td>
<td></td>
</tr>
<tr>
<td>Children’s name:</td>
<td></td>
</tr>
<tr>
<td>__________________________</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>__________________________</td>
<td></td>
</tr>
<tr>
<td><strong>Friday 27 January 2017</strong> Centre Closed</td>
<td></td>
</tr>
<tr>
<td>Children’s name:</td>
<td></td>
</tr>
<tr>
<td>__________________________</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>__________________________</td>
<td></td>
</tr>
</tbody>
</table>
Student names: ________________________________________________________________

Parent/ guardian name: ________________________________________________________
Phone: (H) __________________ (W)__________________ (M)______________________

Parent/ guardian name: ________________________________________________________
Phone: (H) __________________ (W)__________________ (M)______________________

Emergency contact & Collection Authority
1: Name: ___________________________________ Relationship to child: ________________
Phone: (H) __________________ (W)__________________ (M)______________________

Emergency contact & Collection Authority
2: Name: ___________________________________ Relationship to child: ________________
Phone: (H) __________________ (W)__________________ (M)______________________

Please circle yes or no and provide details where necessary:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any current custody orders? (If yes please provide a copy)</td>
<td></td>
</tr>
<tr>
<td>I understand that if my child develops a fever or demonstrates general</td>
<td></td>
</tr>
<tr>
<td>illness, myself or one of the other contacts (in the above order) will</td>
<td></td>
</tr>
<tr>
<td>be called to collect my child.</td>
<td></td>
</tr>
<tr>
<td>I understand that once booked, <strong>excursion days cannot be cancelled</strong></td>
<td></td>
</tr>
<tr>
<td>and I will be charged regardless of my child’s attendance.</td>
<td></td>
</tr>
<tr>
<td><strong>In service days may be cancelled if a full 48 hours’ notice is given.</strong></td>
<td></td>
</tr>
<tr>
<td>NB. Cancellation for sickness can be an allowable absence if a doctor’s</td>
<td></td>
</tr>
<tr>
<td>certificate is provided.</td>
<td></td>
</tr>
<tr>
<td>I understand that if my child demonstrates persistent disruptive</td>
<td></td>
</tr>
<tr>
<td>behaviour that I or one of my contacts will be called to collect my</td>
<td></td>
</tr>
<tr>
<td>child and further bookings may be cancelled at the discretion of the</td>
<td></td>
</tr>
<tr>
<td>Director as per the signed agreement.</td>
<td></td>
</tr>
<tr>
<td>I understand that it is my responsibility to advise staff if I do not</td>
<td></td>
</tr>
<tr>
<td>wish my child to participate in a particular activity as indicated in</td>
<td></td>
</tr>
<tr>
<td>the permission documents.</td>
<td></td>
</tr>
<tr>
<td>I agree to pay the fees as indicated by my account. If I have <strong>not</strong></td>
<td></td>
</tr>
<tr>
<td>supplied the service with my and my child’s dates of birth and CRN</td>
<td></td>
</tr>
<tr>
<td>numbers, I understand that I will be paying full fee.</td>
<td></td>
</tr>
</tbody>
</table>
Emergency medical contact

As a parent/ guardian to …………………………………………………………………………………………………………………. .

If your child becomes unwell or is injured, medical attention will be sought if needed. Please provide name, address and telephone number of any medical personal currently treating your child who may have information that may help emergency services.

<table>
<thead>
<tr>
<th>(Name)</th>
<th>(Phone)</th>
<th>(Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Other information)

Special Circumstances

My Child has a medical condition(s) requiring particular treatment in the event of accident, illness or emergency.
Details of medical condition:

<table>
<thead>
<tr>
<th>(YES/NO)</th>
</tr>
</thead>
</table>

Is there a Medical Management Plan in place?

If Yes, does the school have a current copy?

Does your child require modifications to this Plan?

If yes, please provide details:

<table>
<thead>
<tr>
<th>(YES/NO)</th>
</tr>
</thead>
</table>

If no, are you aware of any other medical emergency that could arise?

<table>
<thead>
<tr>
<th>(YES/NO)</th>
</tr>
</thead>
</table>

Checklist and Risk Management

Please provide details of the emergency and how to recognise it:

Emergency Treatment (Please attach additional information if necessary)

In the event of an accident of illness, staff will call an ambulance if an emergency situation arises. Staff will make every attempt in the event of an accident or illness to contact you or the alternate emergency contact person. Ongoing attempts to contact the parent or alternative emergency contact will be made until successful contact occurs. In the event that contact is impossible or delayed, are there any special instructions to be given to the ambulance staff? If so, please add there below:

Parent/Guardian Signature:  
Date: ……/…../…………….