



1 West Avenue
Armidale NSW 2350
02 6772 3628

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ARMIDALE MONTESSORI PRESCHOOL ENROLMENT APPLICATION FORM

Please attach a passport size photo of your child here (optional).

Name:

ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission:

Child's birth certificate		Medical Management Plan (if applicable)	
Immunisation record		CCS eligibility assessment letter (if applicable)	
Information upload consent form		Completed Direct Debit Form	
Arrangement Form (attached) completed & signed		Court orders (if applicable)	
Healthcare Card (if applicable)			

Service name: ARMIDALE MONTESSORI PRESCHOOL

Address: 1 WEST AVENUE, ARMIDALE NSW 2350

Phone number: 02 6772 3628

Email:
director@armidalemontessori.nsw.edu.au



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CHILD DETAILS

Given Name(s):			
Middle Name:		Surname:	
Name Usually Called:			
Date of Birth:		Sex (Please circle):	Male / Female

Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>	
Have you completed the Child Care Subsidy assessment on the myGov website (Please circle)?	Yes / No
Have you received confirmation about your Child Care Subsidy? (Please circle)	Yes / No

Child's primary home address:	
Child lives with:	

Child's birth certificate or equivalent has been provided?	Yes / No
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Days required (Please tick):	Monday	Tuesday	Wednesday	Thursday	Friday
Vacation Care (7.30am-5.30pm)					
Child's requested Start Date:					
Child's Confirmed Start Date (office use):					



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CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (f, g, h)

Language spoken at home:	
Ethnicity:	
Religion (if applicable):	
Is the Child of Aboriginal or Torres Strait Islander Descent? <i>(Please circle and specify)</i>	Yes / No
Please outline any cultural practices you would like followed (if applicable):	
Please outline the Child's religious background and if relevant any religious practices you would like followed (if applicable):	
Religious celebrations (if applicable):	

MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

Medicare Number:			
Medicare Expiry Date:		Number of child on card:	

Child's Registered Medical Practitioner or Service Details:

Service Name:	
Practitioner's Name:	
Contact Numbers:	



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Address:	
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Child's Registered Dental Practitioner or Service Details:

Service Name:	
Practitioner's Name:	
Contact Numbers:	
Address:	

Health Care Card Holder (Please Circle):	Yes / No If yes, please provide a copy to the Service
Private Health Cover (Please Circle):	Yes / No
Private Health Fund Name:	
Private Health Care Membership Number:	
Ambulance Cover:	Yes / No

<p>Does the child have any specific health care needs or medical conditions, including asthma, allergies, anaphylaxis, diabetes, epilepsy, etc.? <i>(Please Circle)</i></p>	<p>Yes / No If yes, please provide a medical management plan, which the child's medical practitioner has prepared.</p> <p>The Plan should include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A photo of the child <input type="checkbox"/> If relevant, state what triggers the medical condition, allergy or anaphylaxis <input type="checkbox"/> First aid needed <input type="checkbox"/> Contact details of the doctor who signed the plan <input type="checkbox"/> When the Plan should be reviewed. 	
<p>Does the child have any dietary restrictions? <i>(Please Circle)</i></p>	<p>Yes / No <i>(If yes, please attach relevant details.)</i></p>	<p>Attached</p>
<p>Is your child receiving regular medication?</p>	<p>Yes / No</p>	<p>Details:</p>



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Has your child a history of any major illness or had any operation?	Yes / No	Details:	
Does your child have any identified additional needs (e.g. behavioural issues, autism, etc)?	Yes / No	Details:	
Is there any other health information staff should be aware of?	Yes / No	Details:	
<p>Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:</p> <ul style="list-style-type: none"> The label must contain the child's name and Parents must provide any verbal or written instructions provided by the medical practitioner. <p>Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form.</p>		Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise the Nominated Supervisor or other educator to transport	Yes/No	Parent 1 Signature:	



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the child in an ambulance in the event of an emergency? (Please Circle)		Parent 2 Signature:	
Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

IMMUNISATION DETAILS

Is your child immunised.	Yes/No Please note: Approved documentation must be provided before your child can attend <i>See Immunisation Policy</i>	Attached
Are your child's immunisations up to date?	Yes/No Please provide a copy of your child's: Immunisation History Statement provided by Medicare	Attached

The child's health record has been sighted by: _____ Position: _____

DEVELOPMENTAL INFORMATION



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<p>Please provide us with any other information we should know about your child</p> <p><i>(For example, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)</i></p>	
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FAMILY INFORMATION

<p>Does the child have any siblings? If so, please provide their names and ages.</p>	
<p>Does the child have any other close relations attending the Service? E.g. cousins. If so, please provide their names and ages.</p>	

PRIMARY PARENT – Child will be registered for CCS under this parent

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name:	
Parent Surname:	
Address:	



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Phone Number/s:	(H) (M) (W)
Parent Date of Birth:	
Email address:	
Relationship to child:	
Country of Birth:	

Parent Centrelink Reference Number (CRN):	
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Please provide any relevant cultural background details:	
--	--

Does the child live with you? (Please circle):	Yes / No
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SECONDARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name:	
Parent Surname:	
Address:	
Phone Number/s:	(H) (M) (W)



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Parent Date of Birth:	
Email address:	
Relationship to child:	
Country of Birth:	

Parent Centrelink Reference Number (CRN):	
---	--

Please provide any relevant cultural background details:	
--	--

Does the child live with you? (Please circle):	Yes / No
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COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes/No	Attached
	If yes, please provide all relevant documentation and paperwork	
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No	Attached
	If yes, please provide all relevant documentation and paperwork	

Please note that without this documentation we cannot legally enforce the Order/s.



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FIRST AUTHORISED CONTACT

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, l, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child. To deal with these circumstances and in case of an emergency the Service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child.

Please obtain the person's consent before listing them as an emergency contact

Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H)		
	(M)		
	(W)		
Email Address:			
Is this person authorised to pick up and drop off your child? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for medical treatment for the child from a registered medical practitioner, hospital or ambulance service?	Yes/No	Parent 1 Signature:	



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Can this person give authorisation for the Service to take the child on regular outings?	Yes/No	Parent 1 Signature:	
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SECOND AUTHORISED CONTACT

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, l, ii, 1b)

Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H)		
	(M)		
	(W)		
Email Address:			
Is this person authorised to pick up and drop off your child? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for medical treatment for the child from a registered medical practitioner, hospital or ambulance service?	Yes/No	Parent 1 Signature:	



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Can this person give authorisation for the Service to take the child on regular outings?	Yes/No	Parent 1 Signature:	
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ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Please tick the following items to authorise:

HEALTH & SAFETY:

I/We give permission for this child to: Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the Service)	YES	NO
Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO
Have staff apply Nappy Cream/Paste (supplied by parents)	YES	NO
Have staff apply Teething Gel (supplied by parents)	YES	NO
Have staff apply Insect Repellent (supplied by parents)	YES	NO

PHOTOGRAPHY & VIDEO:

For photos and video footage to be taken of my/our child for Service use and staff training purposes (Footage will not leave the Service)	YES	NO
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	YES	NO
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	YES	NO



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For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation's resources	YES	NO
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies	YES	NO

WRITTEN ARRANGEMENTS:

Armidale Montessori Preschool and Parent/Guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance.

Complying Written Arrangement	CWA	A CWA is an enrolment type used for families wishing to claim CCS now or in the future
Relevant Arrangement	RA	An RA is an enrolment type used for families not wishing to claim CCS

This Written Arrangement between _____ and **Armidale Montessori Preschool** is an ongoing agreement between the ECEC Service provider and the Parent/Guardian, to provide care in return for fees. The Written Arrangement must contain a minimum amount of information set out in subsection 200B(3) of the Family Assistance Administration Act.

Arrangement Type:	CWA		RA		
Name of Service:	ARMIDALE MONTESSORI PRESCHOOL				
Service ID:					
Parent/Guardian Full Name:					
Parent/Guardian Contact Details:					
Parent CRN:					
Date the arrangement was entered:					
Full Name of Child attending care:					
Child's Date of Birth:					
Child CRN:					
Enrolled Service Type (Please Circle):	Vacation Care				
Expected Session of Care (Please Circle):	Mon	Tues	Wed	Thurs	Fri
Start time for Session:					
End time for Sessions:					
Care Arrangement:	Routine Care – 10 hr				
Fees to be charged to the individual for the sessions of care provided	\$70 per day				



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Note: Parties understand and are aware fees may vary from time to time.

Please tick box to confirm you have read each point:

Vacation Care

Policy & Procedure

Armidale Montessori Preschool will offer Vacation Care to children aged 3yrs up to (and including) Kindergarten age. Vacation care will be offered during all school holiday periods, excluding the 2 weeks during the Christmas holiday period where the Service is closed, on the proviso that the following points are met:

- I agree to inform the Service in writing immediately of any changes to the above information.
- I agree to pay the Service enrolment fee of \$33 prior to my child starting and am aware that the enrolment fee is non-refundable.
- I understand that children are able to be enrolled one week at a time for a minimum of 3 days in the Vacation Care program.
- I understand that enrolments will be taken on a first-in, first enrolled basis.
- I understand that if I wish to withdraw my child from vacation care, 2 week's notice is required to be given to the Director in writing. If less than 2 weeks is given, one week of the planned enrolment will be charged in lieu of notice, regardless if the child attends vacation care or not. This fee may be waived at the discretion of the Director and the Committee for extenuating circumstances such as serious illness, etc.
- I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
- I agree to pay a late fee of **\$15.00 per 15-minute block** after closing time (5:30pm). In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community



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Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.

I authorise the staff to administer a single dose of paracetamol (Panadol) appropriate to the child's age in the event of a high temperature in an emergency after staff have attempted to organise someone to collect my child and have exhausted every other option. Please note that this does not mean your child can stay at the Service, they still need to be collected.

I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctors letter stating the name of and reasons for the medication and only then if the Director deems the child well enough to attend the Service.

I have read the Parent Information Booklet and am familiar with the Service's Policy Manual located near the sign in desk. I agree to follow, support and abide by these Policies and am aware that the Director is available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box.

I have provided accurate and up to date information on the Written Arrangement

Signed: _____ Name: _____ Date: ___ / ___ / ____

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other: _____	

Privacy Disclaimer

We acknowledge and respect the privacy of our families. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by



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educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

OFFICE USE ONLY	
Date Entered:	Entered By:



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Sick Children Policy

Background & Aim

Children come into contact with many other children and adults in the early childhood environment causing them to contract infectious illnesses. National Quality Standards require early childhood services to implement specific strategies to minimise the spread of infectious illness.

We understand that it can be difficult for families to know when their child is sick. Families may experience problems taking time off work or study to care for their child at home. However, it is imperative that families preserve a focus not only on the well-being of their own child but also upon the well-being of other children and the child care professionals at the Service.

The need for exclusion and the length of time a person is excluded depend on how easily the infection can spread, how long the person is likely to be infectious and how severe the disease can be. To protect the health of children and staff within the Service, it is important that children and staff who are ill are kept away from the Service for the recommended period.

Our Educators and Staff are not medical practitioners and are not able to diagnose whether or not a child has an infectious illness. However, if an infectious illness is suspected, our Service may ask the family to collect their child from care as soon as possible or not bring the child to care.

Management and Educators may request families seek medical advice and provide a medical certificate stating that the child is no longer infectious prior to returning to care.

Scope

This policy applies to children, families, staff, management and visitors of the Service.

Policy & Procedure

We aim to maintain the health of all children, staff and their families, ensuring a healthy environment and minimising cross contamination and the spread of infectious illnesses.

Our Service has adopted the Staying Healthy in Child Care – Preventing Infectious disease in child care (Fifth Edition) publication, developed by the National Health and Medical Research Council and the NSW public health unit. We aim to provide families with up to date information regarding specific illnesses and ways to minimise the spread of infection within the Service.

This policy should be used in conjunction with the following Service policies

- Control of Infectious Diseases Policy
- Additional Needs Policy
- Incident, Illness, Accident and Trauma Policy
- Medical Conditions Policy
- Administration of Medication Policy

Families Responsibility

In order to prevent the spread of disease, families are required to monitor their child's health, in particular:

- Runny, green nose



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- High temperature
- Diarrhoea
- Red, swollen or discharging eyes
- Vomiting
- Rashes
- Irritability, unusually tired or lethargic

Management and Educators will ensure

- Effective hygiene policies and procedures are adhered to at all times
- Effective environmental cleaning policies and procedures are adhered to at all times
- All families have access to a copy of relevant policies upon enrolment which will be explained by management including; Control of Infectious Diseases Policy, Sick Children policy, Injury and Accident policy and Administration of Medication Policy.
- Any child who registers a temperature of 38°C or above will need to be collected from the Service and will be excluded for 24 hours since the last elevated temperature or until the Service receives a doctor's clearance letter stating that the child is cleared of any infection and able to return to child care.
- A child who has not been immunised will be excluded from the Service if; an infectious disease is reported within the Service community and that child is deemed to be in danger of contracting the illness. Please refer to our Control of Infectious Diseases Policy.
- That if the situation or event presents imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident.
- That parents are notified as soon as practicable but within 24 hours. Also, details of the condition/situation will be recorded on the Incident, Injury, Trauma and Illness Record.

Children arriving at the Service who are unwell

Management will not accept a child into care if they:

- Are unwell and unable to participate in normal activities or require additional attention
- Have had a temperature in the last 24 hours
- vomiting and/or diarrhoea in the last 48 hours
- Have been started on anti-biotics in the last 24 hours
- Have a contagious illness or disease
- Have been given medication for a temperature (Panadol etc.)

Children who become ill at the Service

Children may become unwell throughout the day, in which Management and Educators will respond to children's individual symptoms of illness.

- Educators will monitor and document the child's symptoms on the Illness Register
- A child who has passed two runny stools/vomited whilst at the Service will be sent home and may only return once a Doctor's Certificate has been produced.
- Educators will take the child's temperature. If the child's temperature is 38°C or higher, management will contact the child's parents/guardian/emergency contacts as soon as possible to have the child picked up and provide verbal authorisation to administer paracetamol.
- Educators will attempt to lower the child's temperature by
 - Taking off their shoes and socks
 - Applying a cool washer behind their neck and on their forehead
 - Removing extra clothing layers (jumpers etc.)



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- Place the child in a quiet area where they can rest, whilst being supervised
- Continue to document any progressing symptoms
- Complete Illness Record, ensuring the form has been completed correctly and signed by the parent/guardian/emergency contact

Reporting Outbreaks to the Public Health Unit

Outbreaks of communicable diseases represent a threat to public health. To prevent outbreaks, it is important to monitor the number of people who contract certain infectious diseases and their characteristics, and to work with patients and their doctors to help prevent spread to other people.

The NSW Public Health Act 2010 lawfully requires and authorises doctors, hospitals, laboratories, school principals and childcare centre directors to confidentially notify NSW Health of patients with certain conditions, and to provide the information delineated on the notification forms. Specialist trained public health staff review this information and if necessary contact the patient's doctor, and sometimes the patient, to provide advice about disease control and to complete the collection of information.

All information is held confidentially in order to protect the patient's privacy. Both the NSW and Commonwealth Privacy Acts contemplate the release/disclosure of patient information where it is lawfully required or authorised.

Management is required to notify the local [public health unit](#) (PHU) by phone (call 1300 066 055) as soon as possible after they are made aware that a child enrolled at the Service is suffering from one of the following vaccine preventable diseases:

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenzae Type b (Hib)
- Meningococcal disease
- Rubella ("German measles")
- Measles
- Pertussis ("whooping cough")
- Tetanus
- An outbreak of gastrointestinal or respiratory illness

Common Colds and Flu

The common cold (Viral upper respiratory tract infections) are very common in children occurring 6-10 times a year on average with the highest number usually being during the first 2 years in child care, kindergarten or school. Symptoms may include coughing, runny nose and a slight temperature.

In circumstances where a child appears to have a cold or flu symptoms, management will determine if the child is well enough to continue at the Service or if the child requires parental care.

Our Service aims to support the family's need for child care, however families should understand that a child who is unwell will need one-on-one attention which places additional pressure on staff ratios and the needs of other children.



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Excluding children from the Service

- When a child has been diagnosed with an illness or infectious disease, the Service will refer to Staying Healthy in Childcare (5th Edition) to find the recommended exclusion period and also request a medical clearance from the GP stating that the child is cleared to return to the childcare setting.
- When an infectious disease has been diagnosed, the Service will display appropriate documentation and alerts for families including information on the illness/disease, symptoms, infectious period and the exclusion period. (This information can be obtained from Staying Healthy in Child Care 5th Edition)
- Children that have had diarrhoea and vomiting will be asked to stay away from the Service for 48 hours after symptoms have ceased to reduce infection transmission as symptoms can develop again after 24 hours in many instances.

Notifying families and Emergency Contact

- It is a requirement of the Service that all emergency contacts are able to pick up an ill child within a 30-minute timeframe.
- In the instance that the ill child is not collected in a timely manner or should parents refuse to collect the child a warning letter will be sent to the families outlining Service policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's position may be terminated.

Returning to care after surgery

- Children who have undergone any type of surgery will need to take advice from their doctor/surgeon as to when it is appropriate to return to care.
- Children will require a medical clearance stating the child is fit and able to return to the Service and participate in daily activities.