



Office Use:

# Booking Sheet 2021

Child Name/s: \_\_\_\_\_

Please confirm your child/ren's emergency contact details:

Person 1:  
Mobile:

Person 2:  
Mobile:

Person 3:  
Mobile:

## Weekly Booking

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

OR

## Any Casual Bookings?

Please tick the days you wish to permanently book for *each week*

Please list the specific dates you wish to *casually* book

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

This booking is for the:  Term OR  Year

Is your child diagnosed with any medical conditions including Asthma, Allergies, Anaphylaxis, Intolerances, Diabetes, skin sensitivities, or prescribed medication? Yes  No

If yes, please confirm you have set a meeting time to discuss medication compliance paperwork requirements: Yes  No  Time/Date: \_\_\_\_\_ for child \_\_\_\_\_

All families will need to ensure the following has been provided and remains in-date:

- Medication accessible on site;  Authorisation to Administer Medication form;  Risk Minimisation and
- Communication Plan completed;  if relevant, a Medication Management Plan signed by doctor.

I \_\_\_\_\_ acknowledge that I need to notify OSHC two weeks prior to any cancellations in regards to permanent bookings, otherwise I will be charged. For casual bookings I am required to provide 48 hours' notice else fees apply. The advance notice may only be waived if the parent/caregiver provides a medical certificate within the same calendar week as the absence, to ensure fees can be processed in accordance with Centrelink Child Care Subsidy accounting timelines.

Signature: \_\_\_\_\_

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

