

## Acceptance and Refusal of Authorisations Policy

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### NQS

QA2	2.3.1	Children are adequately supervised at all times
	2.3.2	Every reasonable precaution is taken to protect children for harm and any hazard likely to cause injury.

### National Regulations

Regs	92	Medication record
	93	Administration of medication
	99	Children leaving the education and care service
	102	Authorisation for excursions
	160	Child enrolment records to be kept by approved provider
	161	Authorisations to be kept in enrolment record
	168	Education and care services must have policies and procedures

### Aim

Chabad Youth aims to provide clear and transparent policies and procedures for authorisations. This helps staff and parents understand exactly what they need to do.

### Related Policies

Administration of Medication Policy

Enrolment Policy

Excursion Policy

Photography Policy

Physical Safety (Workplace, Learning and Administration) Policy

### Implementation

- Where activities require authorisation, either to comply with national regulations, or to comply with our service policies, our service requires that the authorisation is provided in writing and is dated. These activities include:
  - Administration of medication during OSHC and Vacation Care Day Camp.
  - Administration of over the counter medication during Vacation Care Overnight Camp.

- Administration of medical treatment, dental treatment and general first aid products including sunscreen.
- Obtaining necessary medical care including medical practitioner, hospital or ambulance service.
- Excursions including regular outings.
- Taking of photographs and using photographs for:  
Learning documentation, Promotional and advertising purposes or social media.
- Water based activities
- Enrolment of children including naming of authorised nominees and persons authorised to consent to medical treatment or trips outside the service premises
- Children to be signed out by a OSHC staff member and to leave the premises by themselves.
- The format of written authorisations required under the national law must comply with the regulations. Please see specific policies for more information.
- Our service does not accept verbal authorisations in any circumstances except in situations requiring:
  - Emergency administration of medication, including emergencies involving anaphylaxis or asthma

## Source

**Education and Care Services National Regulations 2011  
National Quality Standard**

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: March 1<sup>st</sup> 2016**

**Date for next review: March 1<sup>st</sup> 2017**



### OSHC AUTHORISATION FORM

<b>Child's Surname:</b>	
<b>Child's Given Name(s):</b>	

1. Collecting your child from the Yeshivah Beth Rivkah OSHC premises

We recommend all children are to be picked up by a Parent or an Authorised Nominee directly from the Yeshivah Beth Rivkah OSHC premises. An Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service.

If you would like for your child to walk home by themselves, or to a location to be picked up, in accordance with Regulation 99(4)(b), they will need to be signed out by a Yeshivah Beth Rivkah OSHC staff member and/or volunteer before exiting the premises.

**Please tick all that apply ✓**

- I will be picking my child up directly from the OSHC premises.
- I give permission for my child to leave the premises by **themselves** and to be signed out by a Yeshivah Beth Rivkah OSHC staff member and/or volunteer
- I nominate the following people as my **Authorised Nominee(s)**, please include any siblings that may collect your child.

**Authorised Nominee #1**

<b>Surname:</b> _____	<b>Given name(s):</b> _____
<b>Address:</b> _____	
<b>Contact number:</b> _____	<b>Relationship to Child:</b> _____

**Authorised Nominee #2**



Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Authorised Nominee #3**

Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**2)** I hereby authorise a Yeshivah Beth Rivkah OSHC staff and/or volunteer to obtain any medical care necessary for my child, including from a medical practitioner, hospital or ambulance service. I understand that transportation to receive medical care may include an ambulance and I agree to pay for any costs involved with seeking medical care for my child. I understand that in the case of an emergency of significant illness or injury attempts will be made to contact myself or an Authorised Nominee, as soon as practical.

Yes  No

**3)** I hereby authorise a Yeshivah Beth Rivkah OSHC staff and/or volunteers to photograph my child and use the photographs for any Yeshivah Beth Rivkah OSHC for the following purposes.

Yes, educational purposes  promotional materials  social media

**4)** I hereby acknowledge that I have read, understood and agree to the terms outlines in the Family Handbook.

Yes  No



5) I have provided Yeshivah Beth Rivkah OSHC and/or volunteers with documentation regarding any medical conditions for my child and attached the relevant and up to date Medical Management Plans.

6) I understand if my child has a Medical Management Plan I will be required to complete a Risk Minimisation Form and a Communication Plan in consultation with Chabad Youth staff and/or volunteers

7) I have provided Yeshivah Beth Rivkah OSHC staff and/or volunteers with documentation to prove the immunisation status of my child on HubWorks or emailed a scanned copy.

Yes  No

8) I give permission for my child to have a band aid administered

Yes  No

9) I give permission for my child to have sunscreen applied

Yes  No

\*\* If you would like your daughter walked over from Beth Rivkah by the Shluchot for the clubs, please tick  the box below.

Full Name: \_\_\_\_\_

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

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