

GERMAN INTERNATIONAL SCHOOL SYDNEY
Emergency – Card

Child's Full Name _____

Other names known by; former names

Birth date _____

Address _____

Email:

Home Phone _____

Mother's Full Name _____

Work Phone _____

Other names known by; former names

Mobile _____

Birth date _____

Father's Full Name _____

Work Phone _____

Other names known by; former names

Mobile _____

Birth date _____

Emergency Contact _____

Phone _____

Mobile _____

2. Emergency Contact _____

Phone _____

Mobile _____

Child's Doctor _____

Phone _____

Address _____

Allergies / Medications / Medical conditions _____

Child's Dentist _____

Phone _____

Address _____

Medicare No _____

Private Health Fund _____ + No _____

Please note that you are required to provide the nominated supervisor with either the original documents or a JP signed copy of the child's birth certificate/ Passport with Visa status, Australian immunisation history statement and any court order/ custody agreement that has been made in regard to the child.

For new GISS Preschool families

- Please see Kate at the reception to receive a school shirt and jacket. The first set is free of charge. All further items must be paid for.
- It is important that you sign in and out when you intend to stay longer than just dropping off or picking up your child. This is a legal requirement and for your own safety in case of an emergency. The visitor register can be found at the reception desk. You will also be required to wear a visitor badge.
- If you would like your contact details to be included in the address list given out by the parent representatives please contact one of the parent representatives. The school will not give out any personal details.
- Remember to advise us immediately when contact details, authorisations or medical conditions change.
- Please contact Barbara (barbara.koeppel@giss.nsw.edu.au) should you not receive the fortnightly newsletter "Gutenberg Post" or if you wish to place an ad. Please also check your spam folder in case it was filtered out.
- Parent information will be sent out via email with the daily reflections about the pedagogical program. Should you want an email contact added or removed, please inform Silke Bethke (silke.bethke@giss.nsw.edu.au). Should you not receive these emails please also let us know, so that she can include you.
- Remember to label all personal belongings and to regularly check the lost & found basket.

...and most importantly:

- Always speak to one of the teachers, should you have any questions, ideas or concerns. We appreciate feedback, both critical and positive.

Please speak to us if you would like more information about the following permission forms prior to signing them. Leave blanks if you do not wish to sign.

Permissions for Publicity

I _____ hereby give permission for my child _____ to be filmed or photographed or named in publications in the context of promoting the school or for display.

Date & Signature:

I _____ hereby give permission for my child _____ to be filmed or photographed by other preschool parents who bring their private cameras on special occasions.

Date & Signature:

Permission for administering Paracetamol in case of an emergency

I _____ hereby give permission for the preschool staff to administer Paracetamol to my child _____ in case of an emergency.

Date & Signature:

Permission for using toothpaste

I _____ hereby give permission for my child _____ to use toothpaste for teeth brushing activities during oral health projects.

Date & Signature:

Permission for the child to access pets & animals

I _____ hereby give permission for my child _____ to access pets & animals that might be brought in to the centre for educational purposes (e.g. Taronga Zoo mobil , children's pets) or might be encountered during excursions to animal parks or farms.

Date & Signature:

Permission for the child to participate in activities on the school premises, e.g. library, sports hall, playground, sports field, assemblies, class visits and more.

I _____ hereby give permission for my child

_____ to participate in all activities which take place on the school grounds.

Date & Signature:

Permission for staff to display the name of child publicly on the Allergy & Emergency alert list.

I _____ hereby give permission for my child _____ 's name and photo to be publicly displayed on the Allergy & Emergency alert list to ensure prompt appropriate and effective responses to medical conditions.

Date & Signature:

Permission for children's portfolios to be displayed openly

I _____ hereby give permission for my child

_____ 's portfolio to be openly displayed in the preschool or to be used for educational purposes.

Date & Signature:

Consent for electronic distribution of the GISS preschool daily report

I hereby agree to my child being included in the daily reflections of the GISS preschool program which are being sent out electronically to all preschool families. I consent that my child's name, drawings, dialogue or photographs as well as observations made about him/her appear in this document.

Parent/ guardian 1:

Date & Signature:

Parent/ guardian 2:

Date & Signature:

Permission to apply sunscreen to child

(Name of the child) _____

A balance of ultraviolet radiation (UV) exposure is important for health. Too much of the sun's UV can cause sunburn, skin and eye damage and skin cancer later in life. Too little UV from the sun can lead to low Vitamin D levels. Vitamin D is essential for healthy bones and muscles and general health. (Sunsmart 2015).

As the parent/ guardian of the above child, I give my permission for GISS preschool staff to apply a sunscreen product of SPF30+ or higher to my child, when he or she will be exposed to sunlight when playing outdoors.

Please read our Sun Protection Policy.

I am not aware of any allergy my child might have to sunscreen.

Staff may use a sunscreen of their choice.

I have provided the following brand/ type of sunscreen for use on my child as well as the relevant material safety data sheet (MSDS) from the manufacturer (Please label the container).

My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen:

Parent/ guardian full name (Print)

: _____

Parent/ guardian (Signature)

: _____

Date:

We are required to abide by national food safety standards and are obliged to educate all parents about necessary food handling procedures and ways to adequately manage risks as well as document that we fulfill those requirements.

We kindly ask you to carefully read below information and always follow those recommendations to ensure no child is put at risk of harm.

Please speak to us if you do not understand parts of these procedures or need a translation.

- Read displayed hand washing procedures and adhere to them.
- Pack fresh food only / no leftovers from the day before.
- All food must be wrapped completely or in containers (including fruit) and clearly labeled with the child's name.
- Thoroughly wash / sanitize all fruit and vegetables that are not going through a cooking process.
- All high risk foods such as meat, poultry, dairy products, gravy, sauces, cooked rice, eggs, shell fish and sea food must be transported at a safe temperature below 5°C!!! Do not leave high risk food outside the safe temperature zone for too long. Safe temperature means below 5°C or above 60 °C.
- All high risk foods must be stored in the refrigerator by the parents immediately upon arrival.
- Food stored in the refrigerator must be taken out of insulated containers but must remain covered (e.g. cling wrap, food bags, plastic containers) and labeled.
- Only thoroughly cleaned/ sanitized lunchboxes are to be used (The best method for sanitization is using a dishwasher).
- Food must not be shared with other children. Please explain this to your child, so the he/ she is aware of this.
- Leftovers in the children's lunch boxes are an indication for parents how much the child has eaten during meal times. Please discard all leftovers when your child has arrived home.
- Please note that we will not reheat food!

I have read and understood the above mentioned food safety requirements and will adhere to them when providing food for my child / children.

Full name of Parent / guardian:

Signature:

Date:

Dieser Fragebogen wird vertraulich behandelt!
Er dient als Hilfsmittel die individuellen Bedürfnisse der Kinder und Familien zu erkennen um diese in unsere Arbeit mit einbeziehen zu können. Bitte nehmen Sie sich etwas Zeit beim Ausfüllen. Ignorieren Sie alle Fragen die Sie nicht beantworten möchten. Vielen Dank für Ihr Vertrauen!

Ihr preschool Team

This Questionnaire will be treated confidentially.
We are intending to use it as an aid to find out more about each child and family in order to best cater for specific needs. Please take your time while reading it and while answering the questions. Ignore all questions you do not wish to answer. Thank you for your help!

Kind regards, your preschool Team

Datum / Date:

Aus welchen Gründen haben Sie Ihr Kind bei uns angemeldet?
What are the reasons for enrolling your child at the German Pre-School?

Haben Sie vor Ihr Kind später auf die Deutsche Schule zu schicken?
Are you intending to send your child to the German School?

Wann und wie haben Sie von uns erfahren?
When and how did you first hear about us?

Angaben zur Familie / General information:

Vollständiger Name des Kindes / Child's full name::

Rufname / Name the child is usually called:

Geburtstag / Child's Birthday:

Eintritt in die preschool / Date of enrolment:

Namen & Geburtstage der Geschwister / names & birthdays of siblings:

Haben die Geschwister des Kindes auch diese preschool besucht? / Have the child's siblings attended this preschool?

Ziele / Goals:

Was begeistert sie an ihrem Kind? What do you really like about your child?

Welche Ziele und Wünsche haben sie für ihr Kind? What goals and wishes do you have for your child?

Im NSW Curriculum Framework werden die unten aufgeführten Bildungsbereiche angesprochen. Welche Ziele, Gedanken und Wünsche haben sie für den jeweiligen Bereich?
The NSW Curriculum Framework defines following areas of development. Please let us know what thoughts, ideas and wishes you have regarding:

The communicating child:

The thinking, investigating, exploring, problem solving child:

The healthy, physical, active child:

The social child:

The feeling child:

The creative child:

The spiritual and moral child:

Sprache / Language:

Welche Sprachen werden bei Ihnen Zuhause gesprochen? / Which languages do you speak at home ?

Welche Sprache wird hauptsächlich benutzt? / Which language do you speak mostly?

Welche Sprache bevorzugt Ihr Kind? / Which language does your child prefer?

Wie gut spricht Ihr Kind Deutsch?

- Fließend
- Einfach
- Wenig
- Gar nicht

How well can your child speak German?

- Fluently
- Basically
- A little
- Not at all

Wie gut spricht Ihr Kind Englisch?

- Fließend
- Einfach
- Wenig
- Gar nicht

How well can your child speak English?

- Fluently
- Basically
- A little
- Not at all

Wie gut versteht Ihr Kind Deutsch?

- Sehr gut
- Gut mit gelegentlichen Schwierigkeiten
- Begrenzt
- Gar nicht

How well can your child understand German?

- Fluently
- Basically
- A little
- Not at all

Wie gut versteht Ihr Kind Englisch?

- Sehr gut

How well can your child understand English?

- Gut mit gelegentlichen Schwierigkeiten
- Begrenzt
- Gar nicht
- Fluently
- Basically
- A little
- Not at all

In welchen Ländern hat Ihr Kind gelebt? / In which countries has your child lived?

Hat Ihr Kind Sprachauffälligkeiten? Wenn ja, welche? / Has your child got a speech delay? If yes, please specify.

Ist Ihr Kind in Logopädischer Behandlung? / Is your child seeing a speech pathologist?

Hört Ihr Kind gerne Geschichten und Bücher? / Does your child enjoy listening to stories and books?

Wie häufig guckt Ihr Kind Fernsehen? / How often does your child watch TV?

Kultur & Religion / Culture & Religion:

Ist es Ihnen Recht wenn in der preschool über religiöse Themen gesprochen wird?
(Unzutreffendes bitte durchstreichen) JA / NEIN

Are you comfortable with religious topics being introduced at the Pre-School?
(Please circle) YES / NO

Gibt es Einschränkungen? / Are there any restrictions?

Gibt es kulturelle oder religiöse Besonderheiten, welche wir beachten sollen? / Are there any cultural differences or religious customs we should be aware of?

Welche religiösen Feste oder kulturelle Bräuche werden bei Ihnen gefeiert? / Which religious customs or festivities do you celebrate at home?

Allgemeine Entwicklung / General Development:

Wie ist die Schwangerschaft und Geburt verlaufen? Gab es Komplikationen?
Wenn ja, welche? / Did any difficulties occur during pregnancy or birth? If
yes, please specify.

Hat Ihr Kind gekrabbelt? / Ja / NEIN
Did your child crawl? YES / NO

Mit welchem Alter hat Ihr Kind zu krabbeln begonnen? /
What age did your child start crawling?

Mit welchem Alter hat Ihr Kind zu laufen begonnen? /
What age did your child start walking?

Hat Ihr Kind einen hohen Bewegungsdrang?
Is your child predominantly active? JA / NEIN
YES / NO

Ist Ihr Kind eher ängstlich oder zurückhaltend?
Is your child predominantly shy or quiet? JA / NEIN
YES / NO

Verletzt sich Ihr Kind häufig?
Does your child get injured frequently? JA / NEIN
YES / NO

Schaukelt Ihr Kind gerne?
Does your child enjoy playing on swings? JA / NEIN
YES / NO

Mag Ihr Kind Sand- oder Matschspiele?
Does your child enjoy being involved in messy play? JA / NEIN
YES / NO

Kann Ihr Kind selbständig Dreirad, Roller oder Fahrrad fahren? / Can your
child ride a tricycle, scooter or bike by him / herself?

Benötigt Ihr Kind einen Schnuller, ein Tuch oder ähnliches? / Does your child
need a pacifier, cloth or special toy for comforting?

- | | |
|--|--|
| - Immer | - Always |
| - Ab und zu | - Occasionally |
| - Nie | - Never |
| - Nur in besonderen Situationen
(bitte angeben) | - Only in certain situations
(please specify) |

Spiel / Play:

Mit wem spielt Ihr Kind am häufigsten? / With whom does your child mostly
play?

Kann sich Ihr Kind allein beschäftigen? / Can your child play by him/ herself?

Kennt Ihr Kind andere Kinder an der Schule? Wenn ja, welche? /
Does your child know other children at our school? If yes, please specify.

Wo verbringt Ihr Kind die meiste Zeit? / Where does your child spend most of
his/her time?

Womit spielt Ihr Kind am liebsten? / With what does your child preferably
play?

Hat Ihr Kind einen bevorzugten Gegenstand, der ihm Sicherheit und
Geborgenheit vermittelt? (z.B. Decke, Teddy, etc.) / Does your child have a
particular item e.g. Teddy, to give him / herself support? Please specify

Trennung von den Eltern / Separation from parents:

Wie reagiert Ihr Kind in einer
ungewohnten Situation?

- Zurückhaltend
- Neugierig
- Selbstbewußt
- Ängstlich
- Zunächst zurückhaltend, dann
aufgeschlossen

How does your child react in a strange or
new situation?

- Shy
- Curious
- Confident
- Frightened
- Shy at first then interested

War Ihr Kind jemals von Ihnen getrennt?

- Nie
- Regelmäßig
- Nur Tagsüber
- Über Nacht
- Mehrere Tage

Has your child been separated from you
before?

- Never
- Regularly
- Only during daytime
- Over night
- Several days in a row

Wo war ihr Kind bisher untergebracht?

- Großeltern
- Babysitter / Au pair
- Tagesmutter
- Professionelle Tageseinrichtung /
Preschool

How was your child cared for so far?

- Grandparents
- Babysitter / Au pair
- Family Care
- Long Day Care / Preschool

Wird Ihr Kind, neben der Deutschen Preschool noch eine andere Einrichtung besuchen? Wenn ja, an welchen Tagen? / Will your child visit other Child Care Centres apart from the German Preschool? If yes, on which days?

Tagesablauf / Daily Routine:

Benötigt Ihr Kind Hilfe beim Gang zur Toilette? / Does your child need help when using the toilet?

Ist Ihr Kind:

- Trocken
- Teilweise Trocken
- Tagsüber trocken
- Benötigt Erinnerung um auf Toilette zu gehen

My child

- is toilet trained
- is nearly toilet trained
- is toilet trained during the day
- needs reminding to go and use the toilet

Welche Worte benutzt Ihr Kind um verständlich zu machen, daß es auf die Toilette will? /

Which terms does your child use to make clear he or she needs to use the toilet?

Hält Ihr Kind Mittagsschlaf?
Does your child sleep after lunch?

JA / NEIN / UNREGELMÄßIG
YES / NO / SOMETIMES

Falls ja, wie lange ungefähr ? /
If yes, how long approximately?

Bevorzugen Sie, daß Ihr Kind in der Preschool Mittagsschlaf hält?

- Ja
- Nein
- Nur bei Bedarf

Would you prefer your child to sleep after lunch at preschool?

- Yes
- No
- Only if my child wants to

Gesundheit / Health:

Wie oft ist Ihr Kind krank?
How often is your child ill?

Häufig / Manchmal / Selten
Often / Rarely / Hardly ever

Hat Ihr Kind:

- Asthma
- Anaphylaxis
- Heuschnupfen

Has your child got any of the following conditions?

- Asthma
- Anaphylaxis

- Regelmäßige Kopfschmerzen
- Hauterkrankungen
- Regelmäßige Mandelentzündungen
- Bronchitis
- Epilepsie
- Ohrenentzündungen
- Chronische Erkrankungen (bitte angeben)
- Hay fever
- Regular headaches
- Skin diseases
- Regular tonsillitis
- Bronchitis
- Epilepsy
- Inflammation of ears
- Chronic diseases (please specify)

- Hat Ihr Kind Allergien gegen: (bitte Marken angeben)
- Cremes/Lotionen
- Medikamente:
- Künstliche Farbstoffe, Geschmacksstoffe oder Konservierungsmittel:
- Pollen:
- Insektenstiche:
- Lebensmittel:
- Is your child allergic to following things: (please include brand names)
- Creams/Lotions
- Medicine:
- Artificial flavouring, food colouring or preservatives:
- Pollen:
- Insect bites:
- Food:

Sonstige Allergien:

Other allergies:

-

Bitte beachten sie, dass wir eine ärztliche Bestätigung mit einem Notfallplan benötigen wenn ihr Kind an einer Allergie, Asthma, Anaphylaxis, Epilepsie oder anderen medizinischen Problemen leidet. Please note that we need a written statement and a management plan by a doctor if your child is allergic, has asthma, anaphylaxis, epilepsy or other chronic medical conditions.

Benötigt Ihr Kind regelmäßig Medikamente?
Is your child on regular medication?

JA / NEIN
YES / NO

Falls ja, geben Sie bitte an um welche Präparate es sich handelt und aus welchen Gründen sie eingenommen werden müssen. /

If yes, please specify why your child needs medication and which products are being given.

Bitte beachten Sie:

Wenn ein Kind Medikamente verschrieben bekommt, darf das Kind innerhalb der nächsten 24 Stunden nach Einnahme die Einrichtung nicht besuchen damit sichergestellt ist, dass das Medikament wirken kann und Nebenwirkungen ausgeschlossen sind.

Please note:

When a child has commenced treatment with a medication, the child should not attend care for at least 24 hours to ensure the child is recovering and is not having any side effects.

Hatte Ihr Kind bereits einen Krankenhausaufenthalt? JA / NEIN
Has your child been in hospital? YES / NO
Falls ja, aus welchem Grund, wann und wie lange? / If yes, why, when and how long?

Wurde mit Ihrem Kind ein Gehörttest gemacht? JA / NEIN
Has your child's hearing been tested? YES / NO

Resultat / Result:

Wurde mit Ihrem Kind ein Sehtest gemacht? JA / NEIN
Has your child's sight been tested? YES / NO

Resultat / Result:

Ist Ihr Kind in zusätzlicher Förderung wie z.B. Frühförderung, Sprachtherapie, Motopädischer Behandlung? / Is your child taking part in any special education or support program e.g. speech pathology, physiotherapy, occupational therapy?

Gibt es noch zusätzliche Informationen über den Gesundheitszustand Ihres Kindes? /
Is there any other important information regarding your child's health?

Haben Sie irgendwelche Bedenken oder zusätzliche Informationen bezüglich der Entwicklung Ihres Kindes? / Are there any other issues concerning your child's development we should know about?

Bitte benutzen Sie den Freiraum für weitere Informationen die für uns unterstützend und hilfreich sein können.
Please use the remaining space for other information you might consider necessary or helpful for us.

Vielen Dank für Ihre Mühe!
Thank you for your effort!

Safe collection / Emergency Arrangements for Children

Aims:

- No child will be left in the care of a school staff member after closure without explanation or a plan of action
- No child will be handed over to a primary carer who a staff member deems to be in an unfit condition to offer "good enough" care without reasonable attempts to implement alternative care arrangements.

Explanation:

- Children have the right to feel safe at all times and to be offered appropriate care.
- Parents have the right to formal procedures that will protect their child in the event of a serious emergency situation occurring in which they are unable to make contact with the School (e.g. car accident).
- Staff members have the right to written procedures that allow them to fulfill their legal responsibilities to every child with consideration to child protection issues.
- Staff members have the right to safety, which includes police protection in the event of a situation where violence or the fear of violence is present.

We advise all primary carers (parents, legal guardians or other persons responsible for caring for a child) that in the event of a child being left in care after school closure the Department of Community Services (DOCS) and Police may be notified.

The Department of Community Services (DOCS) and police will assess the situation and take appropriate action. They will follow the established procedure for any child left without care or at risk. DOCS may assume responsibility for the child.

All parents are required to nominate at least two (preferably four) alternative carers who could be contacted in an emergency to care for the child, giving their name, address, home and work phone numbers, and mobile phone numbers. This information will be given to the police if a child is not collected from school.

The Emergency Collection Authority should be updated regularly.

Procedure:

1. Staff members will first endeavor to contact the child's parents (or primary carers), and the nominated emergency contacts who are authorized to collect the child.
2. If unsuccessful in contacting any of the above mentioned people, staff will call the local police station to seek information about any incidents or accidents that may have delayed parents (or person collecting).
3. Staff will continue trying to contact all emergency contacts or people who may have knowledge about their whereabouts. Two staff members must remain with the child at all times.

4. After a reasonable period (One hour is considered appropriate to recognize the situation is in need of further action), Staff will contact the DOCS HELPLINE to seek assistance.
5. If the child is to be taken from the school, the Department of Community Services will assume responsibility for the child and their safe transportation. Due to legal and safety issues staff members will not transport the child themselves.
6. Staff will record all details of situation and action taken on attached incident form. The person taking responsibility for the child's care (Docs, Police or other) must sign this form. This will also occur if the child is collected by a nominated emergency contact person after closing time.
7. Staff will contact the local police and request that "a formal telephone message" be recorded about the incident / outcome.
8. Staff will leave a clearly visible message at the school entrance for the parents (or collecting person), advising them that they contact the Department of Community Services HELPLINE and/or local Police, for information about whereabouts of the child.
9. Staff members have now fully discharged their legal responsibility to the child. The Department of Community Services and/or Police are now responsible for ongoing attempts to locate the carer, and for the well-being of the child.

Procedure for safe collection of children where carer is determined to be in unfit condition:

Unfit condition includes being significantly affected by alcohol or other drugs, mentally or physically ill, threatening or in fear of violence)

1. Staff member must first consult with other staff member, authorized supervisor, principal or business manager.
2. Staff will make a judgment about the safety of the child and the ability of the carer to provide "good enough" care.
3. Where there is no threat or fear of violence – one staff member will endeavor to engage the impaired carer in conversation. They will need to approach the subject of the carer's impairment with tact and responsibility. They should use words like "prefer" and "it's probably best", and that they word the discussion in terms of the child's well-being.
4. An alternative staff member will endeavour to provide safe care for the child away from the impaired carer whilst phoning for assistance by trying to contact alternative carers/ nominated emergency contacts. Where possible the situation will be resolved by one of these people collecting the child.
5. Where there is a threat or fear of violence:

- a. Staff and children will endeavor to move to a secured, safe place.
 - b. Police will be called and advised that there is an emergency situation involving the threat or fear of violence to children and staff. Staff will ask for urgent attendance at the school.
 - c. Where necessary, the procedures of "safe collection/ Emergency arrangements" will be followed.
6. If, despite efforts, the child is taken from school by the impaired carer, staff will call the local police station to advise them of the situation. The staff member will provide the name and address of the child, the impaired carer and emergency contacts, and any car registration number if a car was used to take the child and will request that appropriate action be taken. It is important to request that a "formal telephone message" be recorded by the officer, to ensure that appropriate documentation occurs
7. Full details of the situation, action taken and outcome must be recorded on an incident form, and the form must be signed by school staff.
8. Staff will then call the Department of Community Services, either at the local office on 98150723 (Epping) during office hours or the HELPLINE on 132111.
9. School staff members have now fully discharged their legal responsibility to the child and the Department of Community Services and/or Police are now responsible for the care and protection of the child.

School staff members acknowledge that a primary carer has the right to leave the School with the child.

**EMERGENCY COLLECTION AUTHORITY
FOR**

In the event of my child being left at the School after closing time or the collecting parent (or primary carer) being deemed by staff as unfit* to collect my child, or in an emergency, I authorize the following persons to be contacted and to collect my child from the Service.

	Full name of person	Contact numbers (work, home, mobile)	Home address	Relationship to child
1				
2				
3				
4				
5				

Any special instructions or comments:

I understand that in the event that parents and emergency contacts cannot be contacted, the Department of Community Services HELPLINE and/or the Police will be notified and supplied with the contact list provided above.

Name:

Signature:

Date:

* unfit to collect means persons considered by staff to be affected by alcohol or other drugs, mentally or physically ill, threatening or in fear of danger, so as not to be able to provide reasonable, safe care for the child.