



# **BLACKFRIARS**

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## PRIORY SCHOOL

### **Blackfriars Priory School OSHC – Transport Authorisation 2016 Before and After School Care**

Dear Parents / Caregivers,

Blackfriars offers a transport option for those children that attend Rosary School and St Dominic's Priory College. The Blackfriars Priory School bus and car will be used to transport students between the three school venues and will be driven by a staff member of Blackfriars Priory School. The bus schedules will be as follows:

**Before School Care:** Parents will sign their child/ren in to Blackfriars OSHC.

Rosary School and St Dominic's Priory College students will be collected from the service at approximately 8:20am and transported in the bus/car to school. St Dominic's girls will be dropped to school first and met at school by a staff member (Bradford Street Gate). The bus/car will then continue to Rosary School (Gladstone Road), where the children will be met by a staff member.

**After School Care:** Students will be collected from Rosary School (Gladstone Road) at 3.00pm. The bus will then make its way to St Dominic's Priory College (Bradford Street Gate) to collect students at 3.20pm. The bus will then escort students to Blackfriars Priory School by approximately 3.35pm.

It is important that I am informed before 12.00 pm on the day that you require care or have care booked but no longer require care so that the school and bus driver can be notified.

Please complete the information attached and return the forms with your 2016 OSHC enrolment form.

If you have any queries please contact me on 0407 441 163

Yours sincerely,

Rita Quaini  
OSHC Director  
Blackfriars Priory School  
Mob: 0407441163  
Email: rquaini@bps.sa.edu.au



# BLACKFRIARS

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## PRIORY SCHOOL

### Blackfriars Priory School OSHC – Transport Authorisation 2016

Full name of child attending Blackfriars OSHC

Surname: \_\_\_\_\_ Christian name: \_\_\_\_\_

Currently attending: \_\_\_\_\_ (name of school)

**Before School Care:** I agree for my child to be collected from the Blackfriars OSHC facility and transported to Rosary School / St Dominic's Priory College in the Blackfriars School Car/Bus.

**After School Care:** I agree for my child to be collected from Rosary School / St Dominic's Priory College and transported in the Blackfriars School Car/Bus to the Blackfriars OSHC facility.

Name of Parent completing this form

Surname: \_\_\_\_\_ Christian name: \_\_\_\_\_

Signed: \_\_\_\_\_

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

Please complete all forms and return to:

Mrs Rita Quaini  
OSHC Director  
Blackfriars Priory School  
PO Box 86  
PROSPECT  
SA 5082



# BLACKFRIARS

## PRIORY SCHOOL

### CONFIDENTIAL MEDICAL INFORMATION

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH / /

HOME ADDRESS: \_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_ Work (Mother): \_\_\_\_\_ Mobile: \_\_\_\_\_

Home: \_\_\_\_\_ Work (Father): \_\_\_\_\_ Mobile: \_\_\_\_\_

Is the student covered by a private medical benefits fund as well as Medicare? Yes No

Medicare Number: \_\_\_\_\_ Medicare Expiry Date: \_\_\_\_\_

Medical/Hospital Insurance Fund: \_\_\_\_\_ Contribution No: \_\_\_\_\_

Name & Address of Family Doctor: \_\_\_\_\_

#### CONFIDENTIAL MEDICAL INFORMATION

Please tick if your child suffers any of the following:

- |   |   |   |                                   |
|---|---|---|-----------------------------------|
| <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Heart conditions | <input type="checkbox"/> Asthma           | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Blackouts        | <input type="checkbox"/> Migraine         | <input type="checkbox"/> Anxiety disorder | Other: _____                      |

Allergies to:

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Other drugs |
| <input type="checkbox"/> Any Foods: | <input type="checkbox"/> Other       |

#### AGREEMENT:

I agree to delegate my authority to supervising staff. Supervising staff may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students/children as a group and individually.

I understand that circumstances may arise when the school car or school bus may be unavailable, and that the Rosary School bus or private vehicle may be used to transport my child to and from school.

In the event of an accident or illness, and in an emergency situation where an ambulance is not available within a reasonable period of time, I consent to my child being transported to a hospital/medical/dental clinic or to an ambulance by a staff member in a school car.

In the event of an accident or illness involving my child, and contact with me or the alternative contact being impossible or unsuccessful despite continued attempts, I authorize the staff member in-charge to consent to whatever emergency/critical medical or surgical treatment a registered medical practitioner considers urgent and necessary. I will pay all medical and dental expenses incurred on behalf of my child. Continued attempts to inform the parent or emergency contact will be undertaken in such circumstances until contact is made.

I have provided all information necessary for the school to plan safe and reasonable health care support for my child. This includes, if relevant, information about any activity modifications my child may require for medical reasons.

I consent to my child's doctor or medical specialist being contacted by medical personnel in an emergency.

The information given is accurate to the best of my knowledge.

**Name of parent completing this form**

Surname: \_\_\_\_\_ Christian name: \_\_\_\_\_

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