

**Clearance Form**

Privacy Statement

The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998*. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown. Please note that information provided may be shared with Department of Education (DEC), the Police, other relevant agencies and educators in accordance with applicable legislation.

**Confidential Information**

Dear parent,

You have been given this clearance form, as your child appears unwell. Please request your doctor to complete the form over the page before you return your child to the service or provide a clearance on an official medical certificate stating what condition the clearance is for.

Council's Education and Care Services must ensure that no child is suffering from a transmittable disease or condition that may risk the health of other children enrolled in the service. The form applies especially to the following illnesses:

Chicken Pox	German Measles	Head lice
Ring Worm	Scabies	Boils
Whooping Cough	Impetigo	Glandular Fever
Carbuncles	Diphtheria	Roseola
RSV	Conjunctivitis	Meningococcal
Croup	Measles	Meningitis
Mumps	Poliomyelitis	Scarlet Fever
Tonsillitis	Streptococcal Infections	

If children attend the Education and Care service when they are feeling unwell they are more vulnerable to infection so it is in the best interest of children to keep your child at home. Children attending the service need to be well enough to participate actively in the program of the day. This includes playing outside with the rest of the children when weather permits. Some children who are unwell still want to come to the Education and Care service, although your child may be disappointed please keep them at home, if they are sick.

Thank you for your cooperation.

**Doctor's Clearance**

Dear Doctor,

Educators of your patient's Education and Care service are concerned about the child's apparent ill health and are seeking your opinion as to whether the child is well enough to attend care and participate in our group activities. Please complete the form below.

This is to certify that  
(Name of patient) \_\_\_\_\_

has been viewed and treated for \_\_\_\_\_

and in my opinion is well enough to return to the Education and Care setting without undue risk to themselves, other children or educators.

Doctor's signature \_\_\_\_\_

Doctor's name \_\_\_\_\_ (please print)

Date \_\_\_\_\_ Telephone \_\_\_\_\_

Please insert your doctors stamp here:

