

CHILD INFORMATION

CHILD'S FULL NAME			
Child's Address			
Customer Reference Number		(REQUIRED IN ORDER TO GET CHILD CARE SUBSIDY CCS)	
Gender	MALE	FEMALE	
Commencement Date			
Child's Date of Birth (DOB)			
Child's Country of Birth (COB)			
Child's grade in 2022	Grade	Class	
Cultural Background (Please circle)	Aboriginal	TS Islander	Aboriginal & TS Islander None
Does your family observe any particular religious or cultural practices that are significant to your child?	Provide Details		
First (Primary) Language			
Second Language			
CHILD'S MEDICARE NUMBER		Expiry date	/2

CARE ARRANGEMENTS

Name of the Primary Carer/s

Are there any current written arrangements: Yes No (If yes a copy must be provided.)
 Copy Provided Yes No *Relevant documentation may include parenting plans, parental responsibility plans, residence orders and contact order.*

Is there anyone legally denied access to the child: Yes No (If yes a copy must be provided)
 Copy Provided Yes No

Name:	Relationship to child:
Name:	Relationship to child:

MEDICAL CONSENT STATEMENT

Permission to seek medical assistance:
 In the case of an accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for appropriate medical, dental, hospital, ambulance service, care and attention to be given to my child/ren. I understand that the Centre will contact me first to inform me of the incident. In addition, I hereby give permission for the service to carry out appropriate first aid treatments.

Prescribed medication administration:
 In the case of emergency, prescribed medication (including asthma and anaphylaxis) will be administered. On all other occasions prescribed medications will only be administered when it is accompanied by written instructions from the child's medical practitioner, is in the original container, with dispensing label attached listing the child as the prescribed person, and the dosage to be given. The Centre medication form is also to be completed.

Signature of parent/guardian: _____ **Name:** _____ **Date:** _____

CHILD MEDICAL INFORMATION

Child's Name			
ALLERGIES	YES	NO	What causes the allergy? <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Anaphylactic Action plan attached: NO <input type="checkbox"/> YES <input type="checkbox"/>
			Symptoms
IMMUNISATION	YES	NO	IS IMMUNISATION UP TO DATE?
INTOLERANCES	YES	NO	What causes the intolerance? <input type="checkbox"/> Mild <input type="checkbox"/> Severe Symptoms?
ASTHMA	YES	NO	<input type="checkbox"/> Mild <input type="checkbox"/> Severe (Ventolin puffer must be provided to the centre at all time children in care.)
			What symptoms does your child present with when experiencing asthma?
			Asthma plan provided? NO <input type="checkbox"/> YES <input type="checkbox"/> [updated plan required every 12 months]
HIGH TEMPERATURES	YES	NO	Current Action plan (provide details)
SEIZURES	YES	NO	Known triggers
			Current Action Plan provided NO <input type="checkbox"/> YES <input type="checkbox"/> [updated plan required every 12 months]
Does your child take medication on a regular basis?	YES	NO	If required at the service, please complete Authorisation to administer medication form.
Do you have any concerns regarding your child's development?	YES	NO	If yes please provide details
Is your child accessing any specialist support services?	YES	NO	<input type="checkbox"/> Speech therapy <input type="checkbox"/> Vision
			<input type="checkbox"/> Occupational therapy <input type="checkbox"/> Mobility
			<input type="checkbox"/> Hearing <input type="checkbox"/> Other
Does your child present with any additional needs or have a diagnosed disability?	YES	NO	Provide details (attach: Doctor's Certificate, written diagnosis or other relevant medical information)
Any other relevant health management information e.g. Premature birth etc.	YES	NO	Provide details
Does your child have any dislikes/phobias?	YES	NO	

MEDICAL CONTACT DETAILS

Child's Doctor:

Phone:

Address:

Child's Dentist:

Phone:

Address:

Pediatrician:

Phone:

Address: