

Child Full Name: D.O.B.

Residential Address:

Days of Attendance / Group:

Allergies or Illnesses:

Current Management Plan provided to Service: (please circle) Yes / No

Regular Medication:

Ongoing Medication Permission Form completed: (please circle) Yes / No

Special Dietary Requirements:

Cultural Needs:

Primary language spoken at home:

Shared Custody
Arrangement:

Yes / No

If Yes, please
complete
additional form

Authorisation given for:

(full authorisation has been given for those items ticked on the child's enrolment form and is undertaken in accordance with the relevant policies)

Permission for Single Dose Emergency Paracetamol Yes / No

Service Emergency Anaphylaxis / Asthma Medication Yes / No

Sunscreen Yes / No

Insect Repellent Yes / No

Student Observations Yes / No

Parent / Guardian signature for authorisations:

.....

Custody Details

There is a court order affecting the child and record on service file Yes / No

Immunisation

Child is fully immunised to date and copy of immunisation record has been supplied to service Yes / No

Parent is a conscientious objector and copy of conscientious objection has been supplied Yes / No

Medical Information

Child's Doctor:

Dr Phone No:

Medicare No:

Parent Guardian Details:

Parent / Guardian 1

Name: D.O.B.

Address:

Phone No's:

Email:

Parent / Guardian 2

Name: D.O.B.

Address:

Phone No's:

Email:

Other persons authorised to collect child (NOT parent / guardians)

1. Name:

Relationship to Child:

Phone: Licence No:

Signature:

2. Name:

Relationship to Child:

Phone: Licence No:

Signature:

3. Name:

Relationship to Child:

Phone: Licence No:

Signature: