

CHILDREN'S INFORMATION – Page per Child

First Name*: _____ Usually called: _____ Class: _____ (2018)

Child's Surname*: _____ Gender*: M F (please tick)

CHILD'S CRN*: D.O.B*: ____/____/____

Child's Home Address*: _____

Suburb:.....P/C:

*Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)

No, not Aboriginal or Torres Strait Islander

Yes, Aboriginal

Yes, Aboriginal and Torres Strait Islander

Yes, Torres Strait Islander

*Does the child have a developmental delay or disability including intellectual, sensory or physical

impairment? No Yes (please tick) If Yes, please give details.....

Child's medical & health information

Name Doctor/Medical Service*:.....Telephone*:.....

Address Doctor/Medical Service*:.....

Does your child have any **special needs**? No Yes (please tick)

If yes please provide details of any special needs and any management procedure to be followed with respect to the special need

Does your child have any other **medical conditions**? (eg asthma, epilepsy, diabetes etc that are relevant to the care of your child) No Yes (please tick)

If yes please provide details of any medical condition and any management procedure to be followed with respect to the special need
medical condition.....

Does the child have any **dietary restrictions**? No Yes (please tick)

If yes, the following restrictions apply:.....

Does your child have any **allergies or sensitivity**? No Yes (please tick)

If yes please provide details of any allergies and any management procedure to be followed with respect to the allergy.

Anaphylaxis

Has your child been diagnosed as at risk of anaphylaxis? No Yes

Does your child have an auto injection device (eg EpiPen®)? No Yes

Has the anaphylaxis medical management plan been provided to the service? No Yes

Has a risk management plan been completed by the service/school in consultation with you? No Yes

In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's registration form. More information is available at www.education.vic.gov.au/anaphylaxis

***Other information**

Is there is anything else that the children’s service should know about the child?
(Eg; excessive fears, favourite activities, attending other early childhood services or an early intervention service, etc)

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Court orders relating to child this child?

Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to this child or access to the child?

No go to the next section. Yes **please complete the following:**

If these orders:

a) Change the powers of a parent/guardian

- authorise the taking of the child outside the service by a staff member of the service;
- in the case of a family day care service, the taking of the child outside the family day carer’s residence or family day care venue by a family day carer,
- consent to the medical treatment of the child;
- request or permit the administration of medication to the child;
- collect the child from the service or family day care, AND/OR

b) Give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers

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Bring the original order/s for staff to sight and a copy to attach to this registration form.

**Please attach a photocopy of your
child’s immunisation history
(or proof of conscientious objection)**