2021 Additional Medical Information

Child's Full Name:	
Emergency Contact:	

This form is to be completed where a medical condition is identified on the child's enrolment form. Please complete the appropriate section for the medical condition.

Medical History

Does your child take medication on a regular basis?	☐ No ☐ Yes	**If yes, for what conditions?**
Do you have any queries/concerns regarding your child's health?	☐ No ☐ Yes	**If yes, please provide details**

Additional Needs and Support Services				
Is your child accessing any specialist support services?			☐ Yes	☐ No
☐ **Speech therapy**	☐ **Occupational therapy**	☐ **Hearing**	☐ **Mobility**	☐ **Vision**
☐ **Other**				
Does your child have any additional needs or have a diagnosed condition?			☐ Yes	☐ No
Please provide details	*e.g. diagnosis & support required*			
Any other relevant health management information (e.g premature birth)?			☐ Yes	☐ No
Please provide details	*e.g. medical history& support required*			

Allergies, Intolerances and Dietary Restrictions

ALLERGIES				
Does your child have any known, medically diagnosed or suspected allergies?			☐ Yes	☐ No
What triggers the allergy?	*e.g. exposure, inhalation, ingestion*			
Severity of allergy	☐ **Mild***	☐ **Moderate***	☐ **Severe***	☐ **Anaphylactic***
Signs and symptoms of allergic reaction				
Please provide details of any allergy management plans and medication				
Action Plan Attached	☐ **Yes**	☐ **No**	An action plan completed by a medical practitioner within the last 12 months must be held at the centre.	
INTOLERANCES				
Does your child have any known, medically diagnosed or suspected intolerance?			☐ Yes	☐ No
What triggers the intolerance?	*e.g. exposure, inhalation, ingestion*			
Signs and symptoms of allergic reaction				
DIETARY RESTRICTION				
Are there any special dietary restrictions for your child		☐ **No**	☐ **Yes -** ☐ **Medical** ☐ **Personal Choice**	
Please list dietary restrictions	*e.g. meat, dairy*			
Suggested alternatives				

2021 Additional Medical Information

Asthma and Respiratory Conditions

ASTHMA AND RESPIRATORY CONDITIONS				
Does your child have respiratory conditions (e.g.wheeze/cough related to cold)?			☐ **Yes**	☐ **No**
Does your child have diagnosed asthma, reactive airways or related conditions?			☐ **Yes***	☐ **No**
What triggers the asthma, wheeze or cough?	*e.g. change of weather, exercise, head cold*			
Severity of asthma, wheeze, cough	☐ **Mild** - rarely	☐ **Moderate* –** a few times a year	☐ **Severe* –** frequent with regular medication	
Signs and symptoms of asthma, wheeze, cough				
Please provide details of asthma management plans & medication				
Action Plan Attached	☐ **Yes**	☐ **No**	An action plan completed by a medical practitioner within the last 12 months must be held at the centre.	

Rapid Temperatures, Seizures and Epilepsy

RAPID ONSET TEMPERATURES				
Is your child prone to rapid onset high temperatures (over 38C)?			☐ **Yes**	☐ **No**
Please provide details of management plans & medication				
FEBRILE CONVULSIONS, SEIZURES, EPILESPY				
Is your child prone to febrile convulsions?			☐ **Yes**	☐ **No**
Does your child have diagnosed epilepsy or history of seizures?			☐ **Yes**	☐ **No**
Are their known or suspected triggers for convulsions or seizures?	*e.g. high temperature, change in health conditions*			
Severity of convulsions/seizures	☐ **Mild** - rarely	☐ **Moderate* –** a few times a year	☐ **Severe* –** frequent with regular medication	
Date of last seizure		Trigger (if known)		
Please provide details of management plans & medication				
Action Plan Attached	☐ **Yes**	☐ **No**	An action plan completed by a medical practitioner within the last 12 months must be held at the centre.	

OFFICE USE ONLY		
Is an individual medical care plan by an authorised medical practitioner required?	☐ Yes	☐ No
Date plan supplied to the service ___/___/___ Plan Expiry Date ___/___/___		
Risk Management Plan required?.....	☐ Yes	☐ No
Medical Conditions Meeting Conducted ____/____/____ Next due ___/___/___	☐ Yes	☐ No
Medical Conditions Policy provided to family	☐ Yes	☐ No
Staff training provided (if required) ___/___/___	☐ Yes	☐ No
Signage Updated ("Notice of Anaphylaxis")	☐ Yes	☐ No
Display consent obtained	☐ Yes	☐ No