

## CHILD'S HEALTH INFORMATION

Registered Medical Practitioner/Medical Service Name		Phone
Registered Medical Practitioner/Medical Service Address		
* Maternal & Child Health (MCH) Centre		* Contact Name
Medicare No	* Ambulance Subscription No	* Pension No
Expiry Date / /	Expiry Date / /	* Healthcare No
		Expiry Date / /
* Is the child currently attending or has previously attended:		
<input type="checkbox"/> Counsellor/Psychologist	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Pediatrician
<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Dietitian	<input type="checkbox"/> Specialist
<input type="checkbox"/> Other		
If yes, please provide details:		

## CHILD'S MEDICAL INFORMATION

**ANAPHYLAXIS** (Reg. 162 (c) (ii) & (d))

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

Does your child have a auto injection device (e.g. EpiPen® or Anapen®)? Yes  No

If your child has a auto injection device, have you supplied to the service a device with a valid expiry date? Yes  No

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

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

*In the case of anaphylaxis you will be provided with a copy of the service's 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 enrolment form. More information can be found at [www.allergyfacts.org.au](http://www.allergyfacts.org.au)*

**SPECIFIC HEALTHCARE NEEDS** (Reg. 162 (c) (i) & (d)) - Does the child have any specific healthcare needs including any medical conditions that are relevant to the care & education of the child? (e.g. asthma, epilepsy, diabetes etc.) Yes  No

*If yes please provide details of any specific healthcare need/s or medical condition and any management plan/s or risk minimisation plan/s to be followed with respect to the specific healthcare need/s or medical condition/s. Attach a copy of any plan/s or additional pages if necessary.*

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If necessary, has medication been supplied to the service? Yes  No

**ALLERGIES** (Reg. 162 (c) (iii)) - Does your child have any allergies? Yes  No

*If yes please provide details of any allergies and any management plan/s or risk minimisation plan/s to be followed with respect to the allergy. Attach a copy of any plan/s or additional pages if necessary.*

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If necessary, has medication been supplied to the service? Yes  No

**DIETARY RESTRICTIONS** (Reg. 162 (e)) - Does the child have any dietary restrictions? Yes  No

If yes, please provide details of any dietary restriction:

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If the service is aware that the child has a specific healthcare need, allergy or other relevant medical condition as identified above, has a copy of the service's Medical conditions policy been provided to the parent or guardian of the child? (Reg 91)

Yes  No  N/A

Has a communications plan been developed to ensure that: (a) relevant staff members and volunteers are informed about the medical conditions policy, the medical management plan and risk minimisation plan for the child and (b) the child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child. (Reg. 90 (1)(c)(iv))

Yes  No  N/A

## CHILD'S IMMUNISATION STATUS

Has the child been immunised? Yes  No

If yes, provide the details by selecting one of the options below:

~~Attaching a copy of the Immunisation Record from the Child Health Record OR~~

~~Attaching a copy of the Immunisation Record printout from local government OR~~

Attaching the Child History Statement from the Australian Childhood Immunisation Register OR

~~Providing the Child Health Record to the Education and Care Service to determine their immunisation status~~

(ACIR - Contact: 1800 653 809 or [www.humanservices.gov.au](http://www.humanservices.gov.au))

*Child health record means a record that documents a child's health and development assessments and immunisations.*

Immunisation Record (from the Child Health Record) sighted by (Reg. 162(g)):

Name	Position	Date

If no, provide a letter from a registered medical practitioner stating the parent/guardian is a conscientious objector to immunisation.

*In some cases when there is an outbreak of a vaccine preventable disease, unimmunised children will be excluded from the Education and Care Service as per the period of exclusion of contacts recommended by the National Health and Medical Research Council. The exclusion periods table can be found at <http://ideas.health.vic.gov.au/guidelines/school-exclusion-table.asp>*

If you have questions when filling out this form, please contact your Education and Care Service