

# Is there any additional information we need to know about your child?



This form is to help us to ensure your child's experience is a positive one and can include anything out of the ordinary that you think may help us care for your child.

## Details

Child's Name:

Enrolment date/s:

Additional information (include if applicable conditions, triggers, symptoms)

Medical  Behavioural  Allergy  Physical  Other

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Risk Minimisation Plan (Steps to be taken by our staff to minimise risk)

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Action Plan: (step by step actions to be taken)

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**Medication details if applicable.** Please note only medications in their original packaging and clearly labelled by the chemist with the child's name will be administered. Non-prescribed medications will not be administered without a doctor's note.

Name of Medication:

Time/date medication last administered:

Dosage:

Time to be given :

Reason for medication and side effects to monitor for:

Special Instructions: (how to administer)

Doctor's Name:

Phone:

## Signatures

Parents Name:

Phone

Parent/Guardian Signature:

Date:

## Council Details

Address: Sport & Recreation Holiday Coordinator  
Five Dock Leisure Centre  
Queens Road, Five Dock

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