

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

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

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

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: Children's Programs Team Leader
Five Dock Leisure Centre
Queens Road, Five Dock

Website: www.fdlc.com.au
Email: info@fdlc.com.au
Telephone: 02 9911 6300