

Children with Additional Needs Information Form

1. Child Details

Child's Full Name:

Male Female

D.O.B.: Age:.....

Parent/Guardian name:.....

Medical practitioner Name:.....

Contact Details:.....

If allied Health Professional is first contact please provide:

Health Practitioner Name:.....

Occupation: (e.g. Psychologist, Occupational Therapist, Speech Therapist etc. *(please circle)*)

Contact Details:.....

.....

2. Medical Information

Diagnosed Medical Condition/Primary Disability:.....

Other health conditions:.....

Behavioural Concerns:.....

Predominant triggers/allergens:.....

Medication:.....

Is medication to be administered whilst attending service? Yes No

Please ensure a Medication Administration Record is completed

Medication Storage:.....

3. Health Profile

Does the Child have any of the following health conditions?

Epilepsy: Yes No

Diabetes: Yes No

Asthma / Respiratory Conditions: Yes No

Catheters: Yes No

Chronic Conditions: Yes No

Gastrostomy: Yes No

Major Illnesses: Yes No

Incontinence: Yes No

Mental Health: Yes No

Skin Conditions: Yes No

Allergies: Yes No

Please provide details:.....

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Any Other Conditions: Yes No If Yes– please specify:

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Does Bligh Park OOSH require a plan to manage the above condition? Yes No

Please provide details:.....

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4. Personal Care Needs

Does the Child need assistance, supervision or aids required with?

Toileting: Yes No

Eating and drinking: Yes No

Changing clothing: Yes No

If yes, please provide detail:

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5. Interactions

Does the Child require assistance/supervision when interacting with others?

Yes No

If yes, please provide details:

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6. Communication

What is the Child's primary method of communication?

Verbal: Yes No

If no - does the Child use Sign language: Yes No

Does the child have a hearing impairment? Yes No

Hearing aids: Yes No

Gestures/pointing: Yes No

Compic/picture cards: Yes No

Electronic communication devices: Yes No

Other: Yes No

If other, please provide detail:

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Does the child have a visual impairment? Yes No

Glasses/other: Yes No

If other, please provide detail:

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Is the Child able to communicate their basic needs and emotions?

Yes No

If no, please provide details:

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7. Behaviour Profile

Does the Child have any challenging behaviours?

Yes No

If yes, please provide details:

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Are there any behaviour management plans/crisis strategies in place? Yes No

If yes, please provide details:

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.....

Are there any triggers for behaviour we need to be aware of? Yes No

If yes, please provide details:

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Is the Child likely to wander or abscond? Yes No

If yes, please provide detail:

.....

Does the Child cope with changes to routine? Yes No

If yes, please provide details:

.....

Is there any other behaviour that we need to be aware of (e.g. road safety awareness, phobias, fears, separate triggers)? Yes No

If yes, please provide details:

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Does the Child display any inappropriate behaviour? Yes No

If yes, please provide details:

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8. Supporting Documentation

Does the Child have a medical management plan? Yes No

A copy of the medical management plan is attached Yes No

9. Additional Comments/Instructions

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10. Authorisation

I hereby state that the above information supplied is correct and all information that may affect my child's, or other children's, care and safety has been included. I understand that enrolment in Bligh Park OOSH is conditional on accuracy of the information supplied by me and that my child's participation may be terminated, if information is found to be inaccurate or misleading.

I have received a copy of the Bligh Park OOSH Policy – Children with Additional Support Needs: Yes No

Name of parent / guardian / person authorised on enrolment form:

.....

Signature.....

Date: _____ / _____ / _____

Name of Nominated Supervisor:

.....

Signature.....

Date: _____ / _____ / _____