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**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:………………………………………………………………………………………...

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**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: ………………………………………………………………………….

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Does the Child cope with changes to routine? Yes  No 

If yes, please provide details: ………………………………………………………………………...

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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:

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Signature………………………………………… Date: \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_