



Kids Active Programs Individual Child Details

OFFICE USE ONLY

Initial enrolment processed Data entry completed

Child's Details

Surname: _____ Given Name(s): _____

Child's Centrelink Customer Reference Number (if known): _____

Date of Birth: ___/___/___ Male / Female (please circle)

School Child Attends: _____ Starts School Date (for pre-school children only) : ___/___/___

Child's Home Language: _____

Does your child have religious / cultural requirements? **Yes / No** (please circle)

If Yes, please specify: _____

Parenting Orders

Are there any parenting orders and/or parenting plans under the Family Law Act 1975 (CWLTH) that pertains to this child? **Yes / No** (please circle)

If Yes, please specify details (a copy of the plan / order will be required)

Permissions

I give permission for my child to participate in all activities held whilst in the care of the USQ Student Guild and for them to travel by whatever means necessary to transport my child. **Yes / No**
(please circle)

I give permission for my child's photograph to be taken and used at the Service. **Yes / No**
(please circle)

I give permission for my child's photograph to be taken and used for media releases. **Yes / No**
(please circle)

I give permission for the application of sun screen. **Yes / No** (please circle)

I give permission for my child to play, under supervision, on the USQ ovals or the local park. **Yes / No**
(please circle)

Child's Interests

To ensure we deliver a program of activities that is of interest to your child please let us know what interests or hobbies your child has.

Swimming Competency

As swimming activities form part of our vacation care programs please indicate your child's swimming competence.

Can't Swim Poor Satisfactory Good Very Good

Allergies

Does your child suffer from allergies? **Yes / No** (please circle)

If Yes,

- What initiates and allergic reaction? _____
- What happens during an allergic reaction? _____
- How would you like us to manage an allergic reaction? _____
- What medication, if any does your child take for the allergy? _____
- Does your child have a current written allergy management plan? **Yes / No** (please circle)

Asthma

Does your child suffer from asthma?

Yes / No (please circle)

If Yes,

How does asthma affect your child? _____

What medication, if any, does your child take for asthma? _____

Does your child have a current written asthma management plan? **Yes / No** (please circle)

If Yes, please provide a copy of the plan.

Other Medical Conditions

Please circle if your child suffers from any of the following:

Diabetes Epilepsy Phobias Heart Problems Autism ADD ADHD
 Behavioural Disorders Learning/Developmental Difficulties Psychological Disorders
 Aspergers Syndrome Intellectual Disabilities Physical Disabilities Speech Impairments
 Sensory Impairments Other: _____

If you have indicated that your child has a medical condition above you must provide the following information. (Additional pages can be attached)

Condition: _____

Symptoms: _____

Treatment / management of condition: _____

Condition: _____

Symptoms: _____

Treatment / management of condition: _____

Immunisation

Is your child's immunisation status up to date?

Yes / No (please circle)

If No, please note that your Childcare Benefit may be affected.

Medical Information

Medicare Number: _____

Does your family have Private Health Care? **Yes / No** (please circle)

If Yes, what is the name of the fund? _____

Doctor's Name: _____ Telephone Number: _____

Dentist's Name: _____ Telephone Number: _____

Parent / Guardian Involvement

We encourage parents and guardians to be involved in our programs. If you have any skills or hobbies you would like to share with the children in our care please list them below.

Parents' / Guardians' Home Language

Please state languages, other than English, that are spoken at home: _____

Additional Information

Is there any other additional information we ought to know in order to provide the best quality of care for your child? _____

Parent's Authorisation

I submit the stated medical details to be a true reflection of my child's current state of health. I understand that these details may affect my child whilst in your care, and as such I agree to notify the program of any relevant changes in my child's health.

Parent / Guardian Signature: _____ Date: ___/___/___

Print Name: _____