Group Participation 2022

**Enrolment Form**

**Child/Children’s Details**

Child’s First Name: Surname:

Home Address: P/C:

Date of Birth: Gender: Language(s) spoken at home:

**Child’s medical information**

Does the child have any allergies or sensitivity? No Yes

If yes, please provide details of any allergies and any management procedure to be followed with respect to the allergy:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the child have any dietary considerations/restrictions?** No Yes

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anaphylaxis:**

Has your child been diagnosed at risk of anaphylaxis? No Yes

Does your child have an auto injection device (eg. EpiPen) No Yes

Copy of management plan provided Yes not applicable

*In the case of anaphylaxis you will be provided with a copy of our anaphylaxis management policy. You will be required to provide us with an individual medical management plan for your child signed by the medical practitioner who is treating your child.*

**Does your child have any other medical conditions? (eg. Asthma, Epilepsy, Diabetes etc that are relevant to the care of your child)**

No Yes

**If yes,** please provide details of any medical condition and any management procedure (plans), to be followed with respect to the medical condition.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you consent to your child having a band aid applied to their skin in the event of a minor accident?**

No Yes

**Declaration**

I (Print Full Name)

A person with lawful authority of the child referred to in this enrolment form,

* **Declare that the information in the enrolment form is true and correct and undertake to immediately inform the service in the event of any change to this information.**
* **Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell at the service.**
* **Consent to the person in charge to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.**

 **Signature Date**

**Photographs**

I, (Print Full Name),

* Give permission for photographs of my child to be taking and used ONLY for the purposes of the group program.

|  |  |
| --- | --- |
| ABN: 56 1618 461 49 | NDIS Provider No: 91320432 |
| Melbourne City Mission230 Normanby Ave, Thornbury 3071 | Doc. No: 714Version:2 Page 4 of 4 |