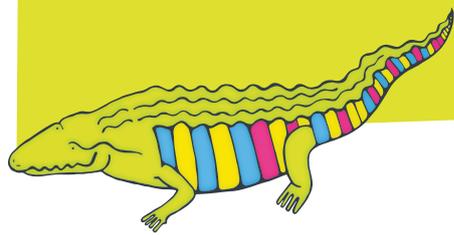


ADDITIONAL NEEDS/ MEDICAL CONDITION FORMS ABOUT YOUR CHILD



EXCURSIONS/BUS TRAVEL		
Child's name:		
Date of Birth:		
Address:		
Phone:	(h) _____	(w) _____ (mob) _____
Parent/Guardian's Names:		
Address:		
Additional needs/medical condition detail:		
Does your child require assistance to complete tasks?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES , please provide details:
Is your child at risk of a life threatening reaction due to their medical condition?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES , we require a copy of the medical emergency plan provided by the treating doctor/pediatrician. If NO , what first aid must be administered to your child in an emergency situation?
Are there any activities that your child cannot do or that you would prefer they did not participate in?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES , please provide details:
Does your child have difficulty communicating? E.g. speaking or socialising	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you wish to discuss the education programs in place with staff?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Any other information:		
Parent / Guardian's signature: _____ Date: ____ / ____ / _____		
Center Director signature: _____		