



LINDEN PARK PRIMARY SCHOOL COUNCIL

Out of School Hours Care



LINDEN PARK PRIMARY SCHOOL COUNCIL OSHC INDIVIDUAL

ABOUT YOU & MEDICAL FORM 2019

CHILD INFORMATION		
FIRST NAME:	SURNAME:	GENDER:
LANGUAGE/S SPOKEN AT HOME:	RELIGION:	
COUNTRY OF BIRTH:	DOB:	
IS YOUR CHILD(REN) OF ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT?	YES	NO
MEDICARE NO:	HEALTH CARE CARD NO:	AMBULANCE COVER:
IS YOUR CHILD FULLY IMMUNISED AS APPROPRIATE FOR HIS/HER AGE:	YES	NO
DETAILS:		
<i>IF YOUR CHILD'S IMMUNISATION STATUS IS NOT UP TO DATE YOUR ELIGIBILITY TO RECEIVE CHILD CARE SUBSIDY MAY BE AFFECTED.</i>		
I ACCEPT FULL RESPONSIBILITY IF MY CHILD IS NOT IMMUNISED:	YES/NO	
OTHER CONSIDERATIONS (BEHAVIOUR, DIET, ADDITIONAL NEEDS) PLANS TO BE ATTACHED		
DOES YOUR CHILD HAVE ANY ALLERGIES/DIETARY RESTRICTIONS/INTOLERANCES?		
IF YES HOW SEVERE ARE THE ALLERGY/INTOLERANCE:	MILD <input type="checkbox"/>	SEVERE <input type="checkbox"/>
ANAPHYLACTIC <input type="checkbox"/>	IS ACTION PLAN ATTACHED?	
DOES YOUR CHILD HAVE ASTHMA?	<input type="checkbox"/> MILD	<input type="checkbox"/> SEVERE
<input type="checkbox"/> NONE	IS ACTION PLAN ATTACHED?	
DOES YOUR CHILD GET SEIZURES?	SEVERITY:	
ANY DEVELOPMENTAL/BEHAVIOURAL CONCERNS?		
CARE ARRANGEMENTS/ACCESS		
NAME OF PRIMARY CARER(S):		
PLEASE CIRCLE REASON FOR ACCESS TO SERVICE: (EG. SINGLE PARENT,WORKING/STUDYING, BOTH PARENTS WORKING/STUDYING, RESPITE PURPOSES)		
ARE THERE ANY COURT ORDERS, PARENTING ORDERS OR PARENTING PLANS IN RELATION TO THE DUTIES OR RESPONSIBILITIES OF GUARDIANS IN RELATION TO YOUR CHILD OR ACCESS TO YOUR CHILD? YES/NO COPY PROVIDED: YES/NO		
IS ANYONE LEGALLY DENIED ACCESS TO YOUR CHILD?	YES/NO	COPY PROVIDED: YES/NO
NAME OF PERSON LEGALLY DENIED ACCESS:	RELATIONSHIP TO CHILD:	
THE FOLLOWING PEOPLE ARE NOT AUTHORISED TO COLLECT MY CHILD(REN) FROM OSHC:		
FULL NAME:	RELATIONSHIP TO CHILD:	
FULL NAME:	RELATIONSHIP TO CHILD:	
<i>IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS PLEASE PROVIDE THE SERVICE WITH THE RELEVANT DOCUMENTATION.</i>		
CULTURAL CONNECTIONS AND FAMILY TRADITIONS/SUGGESTIONS		
DOES YOUR FAMILY OBSERVE ANY PARTICULAR RELIGIOUS OR CULTURAL PRACTICES THAT ARE SIGNIFICANT TO YOUR CHILD?		
AS A FAMILY DO YOU HAVE ANY VAC/PFD/OSHC SUGGESTIONS?		
OTHER COMMENTS/CONSIDERATIONS (EG BEHAVIOUR, ADDITIONAL NEEDS)		
PARENT/GUARDIAN APPROVAL		
FULL NAME:	SIGNATURE:	DATE: