




Updated Information Form

Carina Heights Child Care & Development

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 Email: director@chccd.com.au Website: www.chccd.com.au

 CHILD'S DETAILS	
Child's full name:	
Date of birth:	
Child's address:	
Child's Medicare number (if changed):	Expiry date:
Health care card:	<input type="checkbox"/> No <input type="checkbox"/> Yes Commencement Date: _____ Expiry date: _____
Comments:	

Please indicate below the information you are updating and complete the corresponding sections on this form

- New Contact Details for Parent/Guardians
- New Care Arrangements
- New Authorised Nominees/emergency Contacts
- Updated Medical/Health Care/Dietary
- Immunisation Status Update

OFFICE USE

Room:

Days of attendance: Mon Tues Wed Thur Fri

Forms received:

- Copy of any 'Care Arrangement' orders
- Health Action / Management plan received
- As required - families given Managing Medical Conditions information (_____ policy)
- Copy of child's immunisation record or copy of DHS Form



NEW CONTACT DETAILS FOR PARENT / GUARDIAN 1

Full name:	
Date of birth:	
Address:	
Home phone:	
Mobile:	
Email: (for correspondence)	
Occupation:	
Place of work:	
Address of work:	
Work phone:	



NEW CONTACT DETAILS FOR PARENT / GUARDIAN 2

Full name:	
Date of birth:	
Address:	
Home phone:	
Mobile:	
Email: (for correspondence)	
Occupation:	
Place of work:	
Address of work:	
Work phone:	



NEW CARE ARRANGEMENTS

Name of primary carer/s:	
Are there any court orders, parenting orders or parenting plans relating to powers, duties, and responsibilities in relation to the child?	<input type="checkbox"/> No <input type="checkbox"/> Yes To enable the centre to comply with any court orders a copy must be provided
Are there any court orders in relation to the child's residence?	<input type="checkbox"/> No <input type="checkbox"/> Yes To enable the centre to comply with any court orders a copy must be provided
Are there any court orders in relation to the child's contact with a parent or other person?	<input type="checkbox"/> No <input type="checkbox"/> Yes To enable the centre to comply with any court orders a copy must be provided



NEW AUTHORISED NOMINEES / EMERGENCY CONTACTS

These nominated people should be:

- Someone other than those already listed in parent / guardian section
- Over 18 years of age
- Ideally living within 30 minutes of the centre.
- Able to show photo ID on request.

You may add to, or change, this list at any time.

Definitions:

Emergency Contact - This person will be notified of an emergency involving your child if we cannot immediately contact you.

Consent to medical treatment - There may be times when your child has an illness, accident or injury and you cannot be contacted. In this case the designated Authorised Nominee will be notified of the emergency and asked for permission to seek medical treatment from a registered medical practitioner, hospital or ambulance; and for the child to be transported by ambulance.

Authorise administration of medication - Your permission is required for other people to give consent for the administration of medication to your child. Consider if there is a person who regularly brings your child to the centre and who on occasion may need to complete a medication administration / permission form.

Collecting the child from the centre - In the event that we cannot contact you, your permission is required for this Authorised Nominee to collect your child from the centre on your behalf.

Authorise for an educator to take your child outside the centre – This Authorised Nominee may authorise for an educator of the centre to take your child outside of the premises.

Authorised Nominee 1

This person is authorised to carry out the following responsibilities for my / our child.

Full name:		<input type="checkbox"/> Emergency contact <input type="checkbox"/> Consent to medical treatment <input type="checkbox"/> Authorise administration of medication <input type="checkbox"/> Able to collect the child from the centre <input type="checkbox"/> Authorise an educator to take the child outside the centre
Relationship to child:		
Address:		
Mobile:		
Other contact phone number:		

Authorised Nominee 2

This person is authorised to carry out the following responsibilities for my / our child.

Full name:		<input type="checkbox"/> Emergency contact <input type="checkbox"/> Consent to medical treatment <input type="checkbox"/> Authorise administration of medication <input type="checkbox"/> Able to collect the child from the centre <input type="checkbox"/> Authorise an educator to take the child outside the centre
Relationship to child:		
Address:		
Mobile:		
Other contact phone number:		



UPDATED MEDICAL / HEALTH CARE / DIETARY

Does your child experience any of the following? **Please provide thorough details.** If you have ticked YES to any of the following, the centre Director will issue you with further 'Managing Medical Conditions' policies and forms. Completion and return of these will be **required prior** to your child's commencement.

Please provide a copy of your child's Individual Action Plan or Medical Management Plan as issued by their medical practitioner.

It is the responsibility of parents / guardians to ensure:-

- **the centre always holds current and accurate medical information for your child AND**
- **that a child MUST NOT attend the centre without current, sufficient medication.**

Allergies

No Yes

Prior to your child's return to the centre an Action / Management Plan as issued by your child's medical practitioner MUST BE PROVIDED.

Mild Severe Anaphylactic

(Current and sufficient anaphylaxis medication must be provided at all times the child is in attendance)

What causes this allergy?

Symptoms:

The Action / Management plan you provide will outline details of any allergy management plans, however are there any further comments?

Intolerances

No Yes

Prior to your child's return to the centre a Medical Management Plan as issued by your child's medical practitioner MUST BE PROVIDED

Mild Severe Anaphylactic

(Current and sufficient anaphylaxis medication must be provided at all times the child is in attendance)

What causes the intolerance?

Symptoms:

The Action / Management plan you provide will outline details of any intolerance management plans, however are there any further comments?

Asthma

No Yes

Prior to your child's return to the centre a Medical Management Plan as issued by your child's medical practitioner MUST BE PROVIDED

Mild Severe

(Current and sufficient asthma medication must be provided at all times the child is in attendance)

What causes your child's asthma?

What symptoms does your child present with when experiencing asthma?

Medication required:

<u>Seizures</u> <input type="checkbox"/> No <input type="checkbox"/> Yes Prior to your child's return to the centre a Medical Management Plan as issued by your child's medical practitioner MUST BE PROVIDED	<input type="checkbox"/> Mild <input type="checkbox"/> Severe <i>(As required - Current and sufficient medication must be provided at all times the child is in attendance)</i>
	Known triggers:
	Medication required:

<u>High Temperatures</u> <input type="checkbox"/> No <input type="checkbox"/> Yes Prior to your child's return to the centre a Medical Management Plan as issued by your child's medical practitioner MUST BE PROVIDED	Known triggers:
	Medication required:

<u>Dietary Restrictions</u> <i>(not Allergies or Intolerances)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes	<i>Special dietary restrictions (provide details):</i> <i>The centre provides nutritious meals to all children, please mention here any dietary needs to reflect cultural or religious traditions.</i>
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<i>Does your child take medication on a regular basis?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes	Provide details:
<i>Does your child have any other relevant health management information (besides that listed above) - Including any medical conditions?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes	Provide details:
<i>Do you have any queries / concerns regarding your child's development?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes	Provide details:
<i>Is your child accessing any specialist support services?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Please provide details.</i>	<input type="checkbox"/> Speech therapy
	<input type="checkbox"/> Occupational therapy
	<input type="checkbox"/> Hearing
	<input type="checkbox"/> Vision
	<input type="checkbox"/> Mobility
<i>Does your child present with any additional needs or have a diagnosed disability?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Other:
	Provide details: (attach doctor's certificate, written diagnosis or other relevant medical information)



IMMUNISATION STATUS UPDATE (according to NHMR recommendations)

Thank you for assisting to keep your child's immunisation status record at the centre up to date.

Please provide a copy of your child's immunisation history.

Listed below is the National Immunisation Program Schedule (Queensland)

In the case of an outbreak of an immunisation preventable illness at the centre, children for whom we do not hold up to date immunisation records will be considered 'not immunised' therefore will be excluded from the centre until such time as up to date immunisation history is provided.

AGE	DISEASE IMMUNISED AGAINST
BIRTH	Hepatitis B Aboriginal & TSI only - BCG
2 MONTHS (can be given from 6 weeks of age)	Diphtheria-Tetanus-Whooping Cough- Poliomyelitis-Hepatitis B - Haemophilus Influenza type B (HIB) Pneumococcal Rotavirus
4 MONTHS	Diphtheria-Tetanus-Whooping Cough- Poliomyelitis-Hepatitis B - Haemophilus Influenza type B (HIB) Pneumococcal Rotavirus
6 MONTHS	Diphtheria-Tetanus-Whooping Cough- Poliomyelitis-Hepatitis B - Haemophilus Influenza type B (HIB) Pneumococcal Rotavirus
12 MONTHS	Haemophilus Influenza type B (HIB)- Meningococcal C Measles – Mumps – Rubella Aboriginal & TSI only - Hepatitis A Medically at risk children only - Pneumococcal
18 MONTHS	Chicken Pox - Measles - Mumps - Rubella Aboriginal & TSI only - Hepatitis A, Pneumococcal
4 YEARS (can be given from 3.6 years of age)	Diphtheria-Tetanus-Whooping Cough-Poliomyelitis Measles – Mumps – Rubella Medically at risk children only - Pneumococcal

Any Other Information

I / We agree that the information provided in this form is current and accurate.

Signed: Parent / Guardian 1: _____ **Date:** _____

Signed: Parent / Guardian 2: _____ **Date:** _____