

Tabatinga OOSH

NOTIFICATION OF CHANGE OF DETAILS FORM 2017



REGISTERED OUTSIDE SCHOOL HOURS CARE SERVICE

Has Your Contact Details Changed?

Primary Carer's First Name and Surname:

New Address:

..... Postcode:

Phone Home: Phone Work:

Mobile Phone: Phone Other:

Email:

Changes to Family Status:

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Changes/Additions To Emergency Contact Information:

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Health and Medical Information Changes: *If you answer YES to any of the below questions you'll need to provide additional details.*

Does your child(ren) have any allergies, intolerances or dietary restrictions, e.g. foods, medicines, grass, sunscreen etc? Current (less than 12 months old) Medical Action Plan attached: Yes No

Does your child(ren) have any medical conditions? E.g. asthma, diabetes, epilepsy etc. Current (less than 12 months old) Medical Action Plan attached: Yes No

Has your child(ren) been diagnosed as at risk of anaphylaxis? Current (less than 12 months old) Anaphylaxis Action Plan Attached: Yes No

Does your child(ren) take any medication? E.g. Ventolin, etc. Yes No

Does your child(ren) require inclusion support? Has your child been diagnosed or undergoing assessment for any areas which may help us in providing an inclusive environment? E.g. ADHD, Autism, Aspergers, behaviour etc. Yes No

Only answer this question if your child(ren) requires inclusion support – Do you give permission for information to be obtained for use by the NSW North Coast Inclusion Support Agency. Yes No

Name and Signature

Dated