

## Children with Additional Needs Information Form

### 1. Child Details

Child's Full Name: .....

Male  Female

D.O.B.: ..... Age:.....

Parent/Guardian name:.....

Medical practitioner Name:.....

Contact Details:.....

If allied Health Professional is first contact please provide:

Health Practitioner Name:.....

Occupation: (e.g. Psychologist, Occupational Therapist, Speech Therapist etc. *(please circle)*)

Contact Details:.....

### 2. Medical Information

Diagnosed Medical Condition/Primary Disability:.....

Other health conditions:.....

Behavioural Concerns:.....

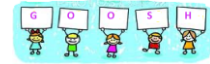
Predominant triggers/allergens:.....

Medication:.....

Is medication to be administered whilst attending service? Yes  No

Please ensure a Medication Administration Record is completed

Medication Storage:.....



### 3. Health Profile

Does the Child have any of the following health conditions?

Epilepsy: Yes  No

Diabetes: Yes  No

Asthma / Respiratory Conditions: Yes  No

Catheters: Yes  No

Chronic Conditions: Yes  No

Gastrostomy: Yes  No

Major Illnesses: Yes  No

Incontinence: Yes  No

Mental Health: Yes  No

Skin Conditions: Yes  No

Allergies: Yes  No

Please provide details:.....  
.....

Any Other Conditions:      Yes  No     If Yes– please specify:  
.....

Does Glossodia OOSH require a plan to manage the above condition? Yes  No

Please provide details:.....  
.....

### 4. Personal Care Needs

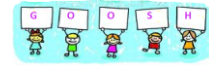
Does the Child need assistance, supervision or aids, required with?

Toileting: Yes  No

Eating and drinking: Yes  No

Changing clothing: Yes  No

If yes, please provide detail:  
.....  
.....  
.....  
.....



## 5. Interactions

Does the Child require assistance/supervision when interacting with others?

Yes  No

If yes, please provide details:

.....

## 6. Communication

What is the Child's primary method of communication?

Verbal: Yes  No

If no - does the Child use Sign language: Yes  No

Does the child have a hearing impairment? Yes  No

Hearing aids: Yes  No

Gestures/pointing: Yes  No

Compic/picture cards: Yes  No

Electronic communication devices: Yes  No

Other: Yes  No

If other, please provide detail:

.....

Does the child have a visual impairment? Yes  No

Glasses/other: Yes  No

If other, please provide detail:

.....

Is the Child able to communicate their basic needs and emotions?

Yes  No

If no, please provide details:

.....

## 7. Behaviour Profile

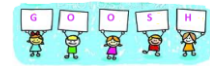
Does the Child have any challenging behaviours?

Yes  No

If yes, please provide details:

.....

Are there any behaviour management plans/crisis strategies in place? Yes  No



If yes, please provide details:

.....

.....

Are there any triggers for behaviour we need to be aware of? Yes  No

If yes, please provide details: .....

.....

Is the Child likely to wander or abscond? Yes  No

If yes, please provide detail: .....

.....

Does the Child cope with changes to routine? Yes  No

If yes, please provide details: .....

.....

Is there any other behaviour that we need to be aware of (e.g. road safety awareness, phobias, fears, separate triggers)? Yes  No

If yes, please provide details: .....

.....

Does the Child display any inappropriate behaviour? Yes  No

If yes, please provide details: .....

.....

## 8. Supporting Documentation

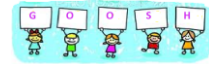
Does the Child have a medical management plan? Yes  No

A copy of the medical management plan is attached Yes  No

## 9. Additional Comments/Instructions

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## 10. Authorisation

I hereby state that the above information supplied is correct and all information that may affect my child's, or other children's, care and safety has been included. I understand that enrolment in Glossodia OOSH is conditional on accuracy of the information supplied by me and that my child's participation may be terminated, if information is found to be inaccurate or misleading.

Name of parent / guardian / person authorised on enrolment form:

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Signature.....

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Nominated Supervisor:

.....

Signature.....

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_