

# Supplementary Preschool Enrolment Form

Student name

*Under the Education and Care Services (National Uniform Legislation) Act and Education and Care Services National Regulations preschool records must include other prescribed information and authorisations in addition to the information currently collected on the standard student enrolment form.*

## Authorisations

I authorise the following individual/s to collect my child from the preschool (other than parent/guardian 1 or parent/guardian 2).

Relationship	Relationship
Name in Full	Name in Full
Gender	Gender
Phone: Mobile	Phone: Mobile
Work	Work
Home	Home
Address	Address

Please tick this box if no other person besides the parent or guardian is authorised to collect my child.

I authorise the following individual/s to consent to medical treatment of, or administration of medication to, my child if parent or guardian cannot be contacted.

Contact Priority	Contact Priority
Relationship	Relationship
Name in Full	Name in Full
Gender	Gender
Phone: Mobile	Phone: Mobile
Work	Work
Home	Home
Address	Address

I authorise the Department of Education, Principal or preschool educator to seek:

- medical treatment for my child from a registered medical practitioner, hospital or ambulance in an event that such action seems necessary; and
- transportation of my child by an ambulance in an event that such action seems necessary.

I authorise the educators at the preschool to take my child on planned regular outings which have been communicated to me in advance and are a regular part of the educational program. A separate authorisation will be sought from parents and guardians for one-off type excursions.

Signed: Signature of Parent/Guardian

Name in Full

Date

## Student medical details and health conditions

*It is essential that you inform the preschool before your child is enrolled if he or she has any medical conditions. This must include any known allergies. You should also contact the preschool as soon as you are aware of any newly diagnosed allergies / other medical conditions or changes to an existing condition. This will assist the preschool to support the health, safety and wellbeing of your child and allow planning to occur to determine the best way to meet the individual health and support needs of your child. This is important information for your child's safe participation at the preschool.*

Student's Medicare Number

Doctor's Name / Medical Centre

Doctor's address (e.g. 50 Woods St, Darwin, NT, 0800)

Doctor's phone number (work)

*Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child for any allergy or other medical condition you may list when completing you child's medical details and health conditions. Attach an additional page if required.*

Allergy/Medical Condition	Doctor's Name	Address	Telephone
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*If your child has a documented plan to support any health or medical needs from a previous preschool or child care provider please provide a copy to the preschool as an attachment to this form.*

## Allergies – these can include allergies to insect stings, drugs, latex, food (eg nuts, eggs, peanuts) or other

*If your child has an allergy, please specify in the box below. Please answer the 10 questions that follow (where applicable). If there is insufficient space, please attach additional pages clearly marked: STUDENT MEDICAL DETAILS AND HEALTH CONDITIONS*

Allergy to

1. Has a doctor diagnosed this allergy?      Yes      No
2. Is this a severe allergy (anaphylaxis)?      Yes      No
3. Has your child ever been hospitalised with a severe allergic reaction (anaphylaxis) or any other allergy?      Yes      No
4. Does your child have an action plan for Anaphylaxis?      Yes      No
5. If YES is this plan attached?      Yes      No
6. Has your child been prescribed an adrenaline auto injector (Epipen / Anapen)?      Yes      No

*If your child has been prescribed an adrenaline auto injector, you will need to provide one to the school (and renew prior to expiry date)*

7. What is the date of the adrenaline auto injector that will be provided to the school?      /

*If not known at the time of enrolment the preschool will require this information upon commencement.*

8. Does your child have an Action Plan for allergic reactions?      Yes      No
9. If YES – is this plan attached?      Yes      No

Each time your child is prescribed a new adrenaline auto injector the doctor should issue an updated Action Plan for Anaphylaxis. It is important that a copy of any updated plan is provided to the preschool.

10. Please list any other medication prescribed for this allergy.

The preschool will require further details in relation to prescribed medication on commencement.

Parents of children who require their child to be administered prescribed medication at preschool must complete a written request form (available from the preschool).

## Other medical conditions – asthma, diabetes, epilepsy, severe asthma

Please identify and provide details below of any other medical condition for which your child is being treated. (If more than one condition or insufficient space please attach additional pages and include answers to all 6 questions that follow).

Medical condition

- |   |     |    |
|---|-----|----|
| 1. Has a doctor diagnosed this condition?                         | Yes | No |
| 2. Has your child been hospitalised with this condition?          | Yes | No |
| 3. Does your child have a documented action plan?                 | Yes | No |
| 4. If YES is this plan attached?                                  | Yes | No |
| 5. Is your child taking prescribed medication for this condition? | Yes | No |
| 6. If YES – what is the prescribed medication?                    |     |    |

The preschool will require further details in relation to prescribed medication on commencement.

Parents of children who require their child to be administered prescribed medication at preschool must complete a written request form (available from the preschool).

## Cultural background

What is the child's cultural background?

What is the cultural background of the child's parents?

Does the preschool need to be aware of any cultural, religious or dietary requirements? Yes No

If YES, please provide details