

CENTRAL ENROLMENT SYSTEM (CES)

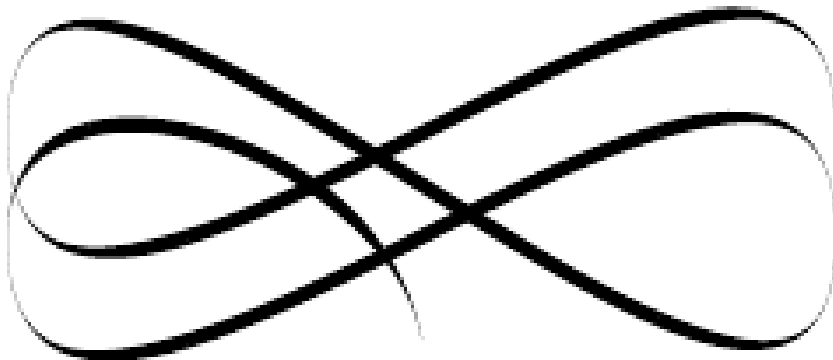
managed and maintained on behalf of the community by Loddon Mallee Preschool Association

Pre-Kindergarten Enrolment Application Form

*To be able to attend Kindergarten

your child must turn 3 years old on or before the 30 April.

This is the minimum age requirement in Victoria.



Y KINDERGARTEN
CLUSTER
MANAGEMENT

Bendigo Pre-School Inc.



An exciting start to your child's education!



from little things big things grow



Golden Square
Kindergarten

goodstart
early
learning



YMCA Bendigo Regional

ENROLMENT QUICK GUIDE- PLEASE READ CAREFULLY

(please read the Prekindergarten Enrolment Application Information Booklet for more information)

1. For help filling out this form, contact Central Enrolments on **5443 1229** between 9 a.m. and 5 p.m weekdays.
2. You **MUST** complete a new Enrolment Application each year.
3. The attached list of Kindergartens should be used to help you with choosing which centres you would like your child to attend.
4. Applications for the first round of placements should be lodged by **1 September 2017**.
5. Incomplete applications will not be processed. It is your responsibility to ensure all documents are provided with your application eg application fee, proof of child's age, and Medicare Immunisation History Statement. Please note Health Books **CANNOT** be used as proof of immunisation status.
6. Families have 10 days to return letters of offer.
7. It is your responsibility to inform the Central Enrolments Officer if you will not be able to receive the letters of offer. The timeline can be found in the Information Booklet.
8. If you are sending your form by mail it is recommended that you use Registered or Express Post.
9. It is your responsibility to ensure that this application is received by Central Enrolments.

Did you know that your child is eligible for a free 3½ year old developmental assessment, prior to commencing kindergarten.

This visit includes assessment of vision, co-ordination, weight, height, posture, speech and language.

Please call Maternal and Child Health on 5434-6364 to make an appointment.

Please return the enrolment application form and other documentation(supporting paperwork) :

By Registered or Express Post:

LMPA - Central Enrolment,

C/- Shine Bright EYM, 53 Wills Street, Bendigo Vic 3550

By email: Scanned applications can be emailed to enrolments@lmpa.org.au

In person: 53 Wills Street, Bendigo

Payment Options

- **By Internet Banking or at any Bendigo Branch or agency**

Our bank details are as follows:

Account Name – LMPA

BSB – 633 000 Account no. – 129 236 170

Please use your child's full name as your reference.

- **You can also pay Cash/EFT/Cheque/Money Order at 53 Wills Street, Bendigo**

Please note that government funding does not apply to prekindergarten. Prekindergarten is funded wholly and solely by parent fees.

The application must be paid for each child applying for kindergarten.

**Families with twins or triplets only have to pay one fee of \$20.

^^If your child is eligible for Early Start Kindergarten, please contact the Central Enrolment Officer to discuss your options, prior to completing an application form

Your child is eligible for Early Start kindergarten in the year prior to kindergarten if your child is indigenous or the family has been known to DHHS, Child Protection or ChildFIRST

2018 Pre-Kindergarten Application Details

CHILD DETAILS

Family name: _____ 1st Given Name: _____ 2nd Given Name: _____

Date of Birth: ____ / ____ / ____ Male Female

Is your Child of Aboriginal and/or Torres Strait Island origin?

Aboriginal Aboriginal and Torres Strait Islander Torres Strait Islander Not Applicable

Are you aware of your child having, or do you believe your child has, a developmental delay or disability? No Yes
(including intellectual, sensory or physical impairment)

Has your child been involved in any developmental support programs? No Yes

Does your child have any medical conditions or need any assistance/specific aids to help them attend No Yes

Providing early advice of any developmental delay or disability is essential to ensure appropriate resources are available.

- I have read all information provided in this application form.
- I have included proof of my child's Immunisation History Statement, Medical Exemption form or Catch-up Schedule.
- I have paid the **\$20** application fee. Date paid: _____ Reference used : _____
- I understand that when a letter of offer of pre-kindergarten place is received, a written/email response must be returned within 10 days or the offer will be withdrawn and my child's application will be returned to the waiting list for the next allocation.
- I understand that kindergarten fees may vary between services
- I understand that session days and times are dependant on enrolment numbers and may change at any time
- I will notify Central Enrolments if I will not be available to receive mail/email at the address indicated on this form when the allocation process begins.
- I understand that my child is entitled to attend only one funded year of kindergarten at one location in Victoria as per the State Funding Policy.
- I give permission for CES to communicate with our family via email.
- I have signed and dated the form below

Signed: _____ Date: _____

OFFICE USE ONLY

Date Received _____

Allocation No _____

Payment Type: \$ EFT Chq O/Line B R-MB

Date Paid/Ref: _____

DOB verified: Yes

Immunisation: Yes GracePeriod

Pre-KINDERGARTEN PREFERENCES (You can choose up to 5, please number 1 to 5)

Bendigo

- Axedale Preschool (NP)**
Behind the Hall, High St Axedale Ph 5439 7549
- Bendigo Preschool**
90 Myrtle Street Bendigo Ph 5443 6493
- Dr. Harry Little Preschool**
243 View Street Bendigo Ph 5443 8454
- Eaglehawk Preschool**
15 Bright Street Eaglehawk Ph 5446 8691
- Elmore Preschool**
65 Hervey Street Elmore Ph 5432 6341
- Epsom Preschool**
46 Myrtle Road Epsom Ph 5448 4037
- Havilah Road Preschool**
Havilah Road Long Gully Ph 5443 4687
- Heathcote Preschool**
Cnr Herriott & Camp Streets Heathcote Ph 5433 2068
- Helm Street Preschool**
13 Helm Street Kangaroo Flat Ph 5447 0185
- Huntly Kindergarten**
Cnr Stephenson & Green Street Ph 5448 8687
- Kangaroo Flat Preschool**
1 Carpenter Street Kangaroo Flat Ph 5447 7675
- Kennington Preschool (NP)**
17 Crook Street Kennington Ph 5443 7282
- Marong Early Learning Centre (NP)**
10 Leslie Street Marong Ph 5435 2394
- Neale St North Preschool**
7 Neale Street Bendigo Ph 5443 7070
- Neangar Preschool**
25 Watson Ave California Gully Ph 5446 9767
- North Bendigo Preschool**
Bannister Street Bendigo Ph 5443 2335
- South Bendigo Kindergarten**
23 Somerville Street Bendigo Ph 5443 3861
- Spring Gully Kindergarten (NP)**
113 Spring Gully Road Spring Gully Ph 5443 5980
- Strathfieldsaye Preschool**
26 Club Court Strathfieldsaye Ph 5439 5577
- White Hills Kindergarten**
62 Raglan Street White Hills Ph 5448 4571
- Assisi Kindergarten, Strathfieldsaye**
46A Blucher Street Strathfieldsaye Ph5439 3191

Swan Hill

- Kunawaa Preschool**
20 Chapman Street Swan Hill Ph 5032 3600
- Nyah West & District Preschool**
Lloyd Street Nyah West Ph 5030 2204
- Swan Hill North Preschool**
64 Pye Street Swan Hill Ph 5032 2788
- Swan Hill South Preschool**
70a Gray Street Swan Hill Ph 5032 4333
- Woorinen South Preschool**
McCalman Street Woorinen South Ph 5037 6741

Services are happy for you to visit to find the right program for your child but please call the service for their specific visiting arrangements. If a service listed above does not provide an approved funded kindergarten program at the time of printing this document, it may be working toward providing this program. Please

Sessions times are dependent on enrolment numbers and may change at any time prior to the start of the kindergarten year.

Pre-KINDERGARTEN ENROLMENT RECORD

This document will be forwarded to the kindergarten service once your child's placement has been confirmed

You are encouraged to discuss your child's needs with the teacher when your child's place has been confirmed.

ENROLMENT DETAILS

(A parent or guardian who has authority in relation to the child must complete this form.)

Powers and Responsibilities Authority Explanation

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Education & Care Services National Regulations refer to these powers and responsibilities as "a person with authority". It is not affected by the relationship between the parents, such as, whether or not they have lived together or are married. A court order, such as under the Family Law Act 1975, may take away the authority of a parent to do something, or may give it to another person.

Information about your child

Questions marked with an asterisk * are not compulsory, but you are encouraged to answer these to assist the early childhood service in caring for your child.

Family Name: _____ Given Names: _____

*Usually called: _____ Date of Birth: ____/____/____ Male Female

Residential Address: _____

Town/Suburb: _____ Post code: _____

Postal Address: _____ Post code: _____

Language(s) spoken in the home: _____ *Religion: _____

This child lives with parents in informal kinship care with _____ in permanent care

in foster care in formal kinship care with _____ residential care

other _____

Family Heritage

What is your child's culture? (please tick the box that applies to your child)

Aboriginal Aboriginal and Torres Strait Islander Torres Strait Islander

Non-Indigenous Australian Other culture _____

Information about the child's parents

A **parent** includes a **guardian** of the child and a person with parental responsibility for the child under a decision or court order.

Parental responsibility is a term defined under section 61C of the Family Law Act 1975, which means "all the duties, power, responsibilities and authority which, by law, parents have in relation to children".

Parent Guardian

Parent Guardian

Name: _____

Name: _____

Residential Address - as above or: _____

Residential Address - as above or: _____

Telephone numbers

Telephone numbers

(H) _____ (W) _____

(H) _____ (W) _____

(Mobile) _____

(Mobile) _____

Email: _____

Email: _____

Do you require an Interpreter..... No Yes

Do you require an Interpreter..... No Yes

If Yes, what language do you speak? _____

If Yes, what language do you speak? _____

Does the child live with this parent/guardian?

Does the child live with this parent/guardian?

No Yes Sometimes (please tick)

No Yes Sometimes (please tick)

Parent Guardian

Parent Guardian

Name: _____

Name: _____

Residential Address - as above or: _____

Residential Address - as above or: _____

Telephone/s

Telephone/s

(H) _____ (W) _____

(H) _____ (W) _____

(Mobile) _____

(Mobile) _____

Email: _____

Email: _____

Do you require an Interpreter..... No Yes

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If Yes, what language do you speak? _____

If Yes, what language do you speak? _____

Does the child live with this parent/guardian?

Does the child live with this parent/guardian?

No Yes Sometimes (please tick)

No Yes Sometimes (please tick)

Other persons to be notified

There may be times when your child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised, under s170(5)(b) of the Education and Care Services National Law Act 2010[^] and r160 (3)(b) of the Education and Care Services National Regulations 2011^{^^}, to collect and/or care for your child after accident, injury, trauma or illness.

Contact 1

Name: _____

Residential Address: _____

Telephone numbers

(H) _____ (W) _____

(Mobile) _____

Relationship to child: _____

Please tick the appropriate box

- Authorised to collect (Authorised Nominee).[^][s170(5)(b)]
- Notify in the event of an emergency.^{^^}[r160(3)(b)(ii)]
- Authorised to consent to administer medication.^{^^}[r160(3)(b)(iv)]
- Authorised to consent to medical treatment.^{^^}[r161(1)(i)]
- Authorised to consent to transportation by ambulance.^{^^}[r161(1)(i)]
- If relevant* - Authority to authorise an educator to take the child outside the service's premises (eg excursions).^{^^} [r161(1)(b)]

Contact 2

Name: _____

Residential Address: _____

Telephone numbers

(H) _____ (W) _____

(Mobile) _____

Relationship to child: _____

Please tick the appropriate box

- Authorised to collect (Authorised Nominee).[^][s170(5)(b)]
- Notify in the event of an emergency.^{^^}[r160(3)(b)(ii)]
- Authorised to consent to administer medication.^{^^}[r160(3)(b)(iv)]
- Authorised to consent to medical treatment.^{^^}[r161(1)(i)]
- Authorised to consent to transportation by ambulance.^{^^}[r161(1)(i)]
- If relevant* - Authority to authorise an educator to take the child outside the service's premises (eg excursions).^{^^} [r161(1)(b)]

Contact 3

Name: _____

Residential Address: _____

Telephone numbers

(H) _____ (W) _____

(Mobile) _____

Relationship to child: _____

Please tick the appropriate box

- Authorised to collect (Authorised Nominee).[^][s170(5)(b)]
- Notify in the event of an emergency.^{^^}[r160(3)(b)(ii)]
- Authorised to consent to administer medication.^{^^}[r160(3)(b)(iv)]
- Authorised to consent to medical treatment.^{^^}[r161(1)(i)]
- Authorised to consent to transportation by ambulance.^{^^}[r161(1)(i)]
- If relevant* - Authority to authorise an educator to take the child outside the service's premises (eg excursions).^{^^} [r161(1)(b)]

Contact 4

Name: _____

Residential Address: _____

Telephone numbers

(H) _____ (W) _____

(Mobile) _____

Relationship to child: _____

Please tick the appropriate box

- Authorised to collect (Authorised Nominee).[^][s170(5)(b)]
- Notify in the event of an emergency.^{^^}[r160(3)(b)(ii)]
- Authorised to consent to administer medication.^{^^}[r160(3)(b)(iv)]
- Authorised to consent to medical treatment.^{^^}[r161(1)(i)]
- Authorised to consent to transportation by ambulance.^{^^}[r161(1)(i)]
- If relevant* - Authority to authorise an educator to take the child outside the service's premises (eg excursions).^{^^} [r161(1)(b)]

Contact 5

Contact 6

Name: _____

Name: _____

Residential Address: _____

Residential Address: _____

Telephone numbers

Telephone numbers

(H) _____ (W) _____

(H) _____ (W) _____

(Mobile) _____

(Mobile) _____

Relationship to child: _____

Relationship to child: _____

Please tick the appropriate box

Please tick the appropriate box

Authorised to collect (Authorised Nominee).[^][s170(5)(b)]

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Notify in the event of an emergency.^{^^}[r160(3)(b)(ii)]

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Authorised to consent to administer

Authorised to consent to administer

medication.^{^^}[r160(3)(b)(iv)]

medication.^{^^}[r160(3)(b)(iv)]

Authorised to consent to medical treatment.^{^^}[r161(1)(i)]

Authorised to consent to medical treatment.^{^^}[r161(1)(i)]

Authorised to consent to transportation by ambulance.

Authorised to consent to transportation by ambulance.

^{^^}[r161(1)(i)]

^{^^}[r161(1)(i)]

If relevant* - Authority to authorise an educator to take the

If relevant* - Authority to authorise an educator to take the

child outside the service's premises (eg excursions).^{^^}

child outside the service's premises (eg excursions).^{^^}

[r161(1)(b)]

[r161(1)(b)]

*Authorisation under regulation 102 (4)-(5) by parent/authorised person/person with authority to authorise taking child outside the service on excursions; regular outings.

****Additional contacts can be provided to the kindergarten if necessary

Court orders relating to the child

Are there any **court orders, parenting orders** [s64B(1) of the Family Law Act 1975 (Commonwealth)] or **parenting plans** [s63C(1) and (6) of the Family Law Act 1975 (Commonwealth)] relating to the powers, duties, responsibilities or authorities of any person in relation to your child or access to your child? No (go to the next section.) Yes

Are there any court orders relating to the child's residence or the child's contact with a parent or other person.

No (go to the next section.) Yes

Please attach a copy of your court orders, parenting orders and/or parenting plans, highlighting the sections relevant to your child and their attendance at the children's service 

Please note: if there are no court orders in place, both parents have equal rights.

2. If these orders:

a) change the powers of a parent/guardian to:

- authorise the taking of the child outside the service by a staff member of the service;
- consent to the medical treatment of the child;
- request or permit the administration of medication to the child;
- collect the child from the service AND/OR

b) give these powers to someone else.

Please describe these changes and provide the contact details of any person given these powers:

Child's health and wellbeing information

Name Doctor/Medical Service: _____ Phone No _____

Address Doctor/Medical Service: _____

*Maternal & Child Health (MCH) Centre: _____

Child's Medicare Number: _____

Ambulance Membership Number: _____ (see declaration)

^Please note: the cost of ambulance transportation and associated medical treatment is the financial responsibility of the parents

Medical information

Does your child have any additional specific needs?..... No Yes (please tick)

eg Autism, Asperger's, ADHD, Developmental Delays, Physical impairment (ie hearing, sight, mobility)

If yes, does your child have a diagnosis No Yes (please tick)

My child has been diagnosed with _____

Please provide details of any special needs and attach your child's medical management plan or procedure to be followed with respect to the special need.

If any non-diagnosed specific need(s), please describe _____

My child is on the waiting list for Early Intervention No Yes (please tick)

My child is attending Early Intervention..... No Yes (please tick)

If yes, our Caseworker is _____ at _____ Ph: _____

My child is on the waiting list for Speech Therapy No Yes (please tick)

My child is attending Speech Therapy..... No Yes (please tick)

If yes, our Caseworker is _____ at _____ Ph: _____

My child **has** a Caseworker at one or more of the following services (please tick if applicable)

- Department of Human Services St Luke's Family Care (Child Protection)
- Child FIRST St Luke's Family Care (Family Services)
- Off To An Early Start (OTAES/Enhanced Maternal Child Health) Mallee Family Care (Child Protection)
- Bendigo and District Aboriginal Services (BDAC)
- Mildura and District Aboriginal Services (MDAS)
- Other service _____

Our Caseworker is _____ Ph: _____

My child **had** a caseworker at DHS/Child First/St Lukes/Mallee (Child Protection).

The case was closed on _____

I give permission for Central Enrolment staff and Service staff to contact the above identified nominated service(s) to assist in the placement and transition program for my child

Signed _____ Dated _____

Allergies

Does your child have any allergies, sensitivities or intolerances? Unsure No Yes (please tick)

Please provide details _____

If yes you must provide an allergy management plan and procedure to the service once your child has a confirmed placement and prior to attendance

Anaphylaxis


Has your child been diagnosed at risk of anaphylaxis? No Yes

Please provide details _____

Does your child have an auto injection device (eg EpiPen®)? No Yes

In the case of anaphylaxis you will be provided with a copy of the services Anaphylaxis Management policy and Dealing with Medical Condition policy. Once your child has a confirmed placement and prior to attendance you will be required to provide the service with an Individual Medical Management Plan for your child signed by your child's Medical Practitioner. This will be attached to your child's enrolment record, along with a risk management and communication plan that you will develop together with your child's educator.

More information is available at www.education.vic.gov.au/anaphylaxis

Does your child have any specific healthcare needs or medical conditions? [r162(c) and (d)] No Yes (please tick) 
(e.g. asthma, epilepsy, diabetes etc that are relevant to the care of your child)

Does your child have a medical condition that you would prefer to discuss only with the teacher..... No Yes (please tick)

If yes, please arrange to discuss this with the teacher as soon as enrolment is confirmed.

If yes, you must provide a Medical Management Plan, signed by your child's doctor, to the service once your child has a confirmed placement, and prior to attendance. A Risk Minimisation Plan and a Communication Plan must be developed with educators.

Please provide details _____

Additional information regarding Family Cultural Background

Please tell us about the cultural background of you and your child, including any special considerations. E.g. cultural/ religious, dietary or specific additional requirements. Please include celebrations your family does or does not recognise, special days etc.

Does your child have any specific dietary needs /restrictions, aside from allergies /medical conditions? No Yes (please tick)

If yes, the following restrictions apply: _____

Does your child speak any Language(s) other than English No Yes (please tick)

If yes, please list _____

Does either parent speak any Language(s) other than English No Yes (please tick)

If yes, please list _____

Other information that may affect your child's transition to Kindergarten

Please provide information about any other illnesses, disabilities or recent traumas you or your child may have experienced

Do you have any issues regarding transport to Kindergarten/Prekindergarten. Please provide details.

Which Primary School is your child going to attend (If known) _____

*Your Child's Siblings Names & Ages: _____

Child's health and immunisation record

Has your child had their 3 1/2yr old assessment..... No Yes (please tick)

If yes, please provide a copy to the early childhood service.


Does your child have a child health record? No Yes (please tick)

If yes, please provide to the service for sighting **on confirmation of placement**.
Child health record means a record that documents a child's health and development assessments and immunisations.
Name and position of the educator at the children's service (Kindergarten/Early Learning Centre) who has sighted the child's health record, at the service your child will be attending in 2018
Name: _____ Position: _____

"NO JAB, NO PLAY"

The new No Jab, No Play legislation came into effect as at 1 Jan 2016.

Any child who is does not have up-to-date immunisations will not be placed in Kindergarten unless the child qualifies for the 16 week Grace Period (please the Information Booklet for further details about the 16 week Grace Period)

Has your child been immunised? No Yes (please tick) 

If yes, please provide the early childhood service with details by:

- providing the Child History Statement from the Australian Childhood Immunisation Register
(this can be obtained from Medicare or via the Express Plus Medicare App)

Health books CANNOT be used as proof of immunisation status

- My child is on a vaccine catch-up schedule

If no, please attach a Medicare Immunisation Exemption Medical Contra-indication Form from your GP.

Please note that Immunisation Conscientious Objection forms and Homeopathic Immunisation statements are not approved under the new legislation.

- My child qualifies for the 16 week Grace Period

***Other information**

Has there been any significant issues which have occurred for your family in the last 6 months?

Is there anything else that the children's services should know about your child? (eg excessive fears, poor sleeping habits, favourite activities, attending other early childhood services, etc)

*Family participation is highly valued at our service and our doors are always open. We would love to hear about anything that your family is interested in, the things that are important to your family and the things that you value.

Please list any interests, work skills, parents occupations, hobbies, knowledge or special cultural events or practices that you may be willing to share.

Declaration of information and consent to emergency medical treatment

I, _____ (Print full name)

a person with authority of my child referred to in this enrolment record,

- **do** declare that the information in this enrolment form is true and correct and undertake to immediately inform the service in the event of any change to this information;
- **understand** that I must provide up-to-date Immunisation History Statements to the service ;
- **do** agree to collect or make arrangements for the collection of my child referred to in this enrolment form if she/he becomes unwell at the service;
- **do** consent to the Responsible Person In Charge on the day to administer first aid at the service and/or to seek medical treatment for my child from a medical practitioner, hospital and/or ambulance transportation [r161(1)(a)].
- **understand** that the cost of ambulance transportation and associated costs are my responsibility [r161(1)(a)].

Signature: _____ **Date:** _____

Privacy Notification: The personal information requested on this application is collected by the Central Enrolment System (CES) for the provision of central enrolment placement for early childhood education and care services in the region. This information will be used by CES for that primary purpose and/or directly related purposes, e.g. invoicing of fees/ placement and transition of children to kindergarten etc. All information will be treated confidentially. CES may disclose information compiled to relevant Government and Council organizations and the Bendigo Bank for the purpose of enrolment and kindergarten funding. Additional information gathered about children's special needs will be used to support the transition process to kindergarten for these children. Information gathered may be used for the purpose of equitable distribution of places across all kindergarten programs.

Confidentiality of enrolment records

The Approved Provider of the children's service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Education & Care Services Regulations (Regulation 181, 183)

PERMISSION SLIP

(Please tick Yes or No to each of the following questions)

- *I **give** permission for educators to support my child to apply sunscreen in accordance with policy. Yes No
- *I **give** permission for educators to support my child to apply insect repellent. Yes No
- *I **give** permission for my phone number to be on display at the centre, for communication purposes. Yes No
- *I **give** permission for my email address to be used for communication. Yes No
- *I **give** permission for my child to be photographed or videotaped at the centre. Yes No
- *I **give** permission for my child's photo to be displayed at the centre. Yes No
- *I **give** permission for my child's photo & first name to be included in other children's portfolios Yes No
- *I **give** permission for educators to contact my child's Maternal Child Health Nurse Yes No
- *My child is indigenous and entitled to get support from the Koori Preschool Assistant,
I **give** permission for our details to be passed on to the KPASA N/A Yes No
- *I **give** permission for a text to be sent to the below priority mobile contact in case of emergency/drill. Yes No
- *I **give** permission for a text to be sent to the below priority mobile contact number regarding up and coming events at the centre. Yes No

Mobile: _____ (please notify the service immediately if this number changes)

Signature _____ **Date** _____

Check List – Staff Use Only

Please note that the enrolment form may have been completed up to 8 months ago.

- Have the contact details for the parents/guardians been confirmed as current and correct..... No Yes
- Have the contact details for the people authorised to pick up the child been confirmed as current and correct..... No Yes
- Has the parent stated there are Court Orders in place? No Yes
- If yes, have you asked for a copy to be provided to the service?..... No Yes
- If no, provide reason _____
- Has the parent stated their child has special requirements due to cultural background ?.....No Yes
- If yes, provide details _____
- _____
- Have current immunisation history statements been provided? No Jab, No Play No Yes
- If no, provide reason _____
- Does the child qualify for the 16 week Grace Period?..... No Yes
- Is a catch-up schedule in place..... No Yes
- Has a GP submitted a Medical Contraindication form to ACIR?..... No Yes
- Has the parent stated their child has special needs or developmental delays? No Yes
- _____
- If yes, does a KIS application need to be completed?..... No Yes
- Has the parent stated their child has been diagnosed at risk of anaphylaxis? No Yes
- If yes, have you asked for a copy of the Anaphylaxis Medical Management Plan?.....No Yes
- If the plan has not been provided, provide reason _____
- Has a Risk Management and Communication Plan been completed by the service in consultation with the parent? No Yes
- If no, provide reason _____
- Have you provided the family with a copy of the Anaphylaxis Management Policy? No Yes
- When did you provide the Policy to the family? Date: _____
- Has the parent stated their child has been diagnosed at risk of asthma?..... No Yes
- If yes, have you asked for a copy of the Asthma Medical Management Plan? No Yes
- If no, provide reason _____
- Have you provided the family with a copy of the Asthma Management Policy? No Yes
- When did you provide the Policy to the family? Date: _____
- Has the parent stated their child has other medical conditions? No Yes
- If yes, have you asked for a copy of the Management Plan..... No Yes
- If no, provide reason _____
- If yes, have you provided the family with the Dealing with Medical Management Conditions Policy? No Yes
- When did you provide the Policy to the family? Date: _____
- Has the child been diagnosed with Diabetes or Epilepsy..... No Yes
- If yes, have you provided the family with a copy of the relevant Policy..... No Yes
- Which Policy did you provide to the family? _____
- When did you provide the Policy to the family? Date: _____
- If required, have I provided the family with a copy of any other relevant policies. No Yes
- Which Policy did you provide to the family? _____
- When did you provide the Policy to the family? Date: _____