



Tabatinga OOSH

~ Enrolment ~ Notification Of Change Of Details ~

Has Your Contact Details Changed?

Primary Carer's First Name & Surname: _____

New Address: _____

Postcode: _____

Mobile Phone: _____ Work Phone: _____

Email: _____

Changes To Family Status?

Changes / Additions To Emergency Contact Information?

Health & Medical Information Changes?

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: _____

Staff Name: _____

Signature: _____

Staff Signature: _____

Date: _____

Staff Signature: _____

Note: Form to be placed with child's enrolment details (on file). 1 per family.