

Hunter Prelude Early Intervention Centre Enrolment Forms

Child Details

Child's Name: _____ D.O.B: _____

Address: (this is the address that the child usually resides) _____

_____ Postcode: _____

Telephone: _____ Mobile: _____

Siblings names and ages: _____

Mother's Details

Mother's Name: _____ Address: _____

_____ Postcode: _____

Phone: _____ Mobile: _____

Place of Employment: _____ Phone: _____

Father's Details

Father's Name: _____ Address: _____

_____ Postcode: _____

Phone: _____ Mobile: _____

Place of Employment: _____ Phone: _____

Is there a custody/guardianship issue that we need to be aware of? _____

If so, please give details: _____

Emergency Contact Details

Please provide 2 names and contact details, of family or friends who you would like us to contact if we are unable to reach you in an emergency.

Contact Number 1

Name: _____ Phone: _____

Relationship: _____

Contact Number 2

Name: _____ Phone: _____

Relationship: _____

Medical Information

Are there any medical conditions of which we need to be aware of? (e.g epilepsy, asthma, allergies) Yes / No

If yes, please list. Please advise what immediate first aid would you like us to undertake in our care of your child? _____

Medical Contacts

Local doctor: _____ Phone: _____

Paediatrician: _____ Phone: _____

Local Dentist: _____ Phone: _____

Emergency Medical Treatment

While we take the utmost care of your child, it may be necessary for us to seek urgent medical treatment, including dental in addition to administering first aid. These circumstances are extremely rare, but to enable us to help your child as quickly as possible, would you please complete the following permission form.

I _____ give permission for the staff of Hunter Prelude Early Intervention Centre Inc to obtain urgent medical treatment for my child. I understand that I am responsible for the cost of this treatment (e.g. ambulance, dentist, doctor).

Signed: _____ Date: _____

Relationship: _____ Medicare Number: _____

Current Medication

Is your child on regular medication? If so, please provide the following details:

Drug: _____ Dosage: _____ Frequency: _____

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Drug: _____ Dosage: _____ Frequency: _____

Permission to administer medication

I _____ give Hunter Prelude staff permission to administer medication to my child _____ on the day he/she attends the centre based program. This authority is valid from _____ to _____.

Parents must give written authority for medication to be dispensed on the medication sheet. Medication administered is to be recorded accurately by the parent, in relation to time and dosage, and signed by a staff member on administration.

Immunisation

If there is an outbreak of an infectious disease at the centre, we need to be aware of your child's current immunization status. Therefore, please provide us with the following information.
(Hunter Prelude staff also need to sight your "Blue Book" or similar, in order to verify that this has happened)

Infectious Disease	Current Status	Sighted by Hunter Prelude staff
Measles/mumps/rubella		
Sabin (polio)		
Triple Antigen or COT		
Other		
Other		

Other Professionals/Services Involved in your child's care

Specialist/ Other Service	Name	Phone	Days Attended
Physiotherapist			
Occupational Therapist			
Speech Therapist			
Early Intervention Service			
Dadhc			
Other			

Early Childhood Setting

Does your child currently attend a Early Childhood Setting(pre-school, day care, family day care)? Yes / No

Name of Centre: _____ Phone: _____

Carer/teacher's name: _____

Days attended (please circle) Monday Tuesday Wednesday Thursday Friday

Does your child have an additional (SNSS funded) worker? Yes / No

The following items are concerned with gaining your written permission for Hunter Prelude to undertake certain initiatives on your behalf.

If you feel uncomfortable about signing these permission forms, you are under NO obligation to do so.