



ABN No. 72 582 209 745

**YWCA HUNTER REGION Inc.**

Vacation Care Medical Information

24 Dawson Street,  
COOKS HILL NSW 2300  
Ph – (02) 4929 2954  
Fax – (02) 4927 1529  
Email – yncle@bigpond.com

*This form must be completed and submitted with the vacation care booking form for each vacation care session.  
All information in this form is regarded as confidential and shall only be viewed by primary contact staff.*

**CHILD 1**

Surname

First name

Address

Postcode

Date of birth  /  /  ☐ Male ☐ Female

**CHILD 3**

Surname

First name

Address

Postcode

Date of birth  /  /  ☐ Male ☐ Female

**CHILD 2**

Surname

First name

Address

Postcode

Date of birth  /  /  ☐ Male ☐ Female

**CHILD 4**

Surname

First name

Address

Postcode

Date of birth  /  /  ☐ Male ☐ Female

**MEDICAL INFORMATION**

**NOTE:** YWCA Hunter Region Inc is a peanut free zone. Foods containing nuts are strictly prohibited and are not to be brought to vacation care.

Doctor's name

Telephone no.

Address

Do/es your child/ren have any allergies (including asthma or anaphylaxis) or other medical conditions? ☐ Yes ☐ No

If YES please provide details. All children with asthma (including mild or seasonal cases) must have a current medical management plan or risk minimisation plan prepared by the child's doctor attached to this form:

\_\_\_\_\_  
(Child 1)

\_\_\_\_\_  
(Child 2)

\_\_\_\_\_  
(Child 3)

\_\_\_\_\_  
(Child 4)

Does your child require anaphylaxis treatment with an epi-pen for allergic reactions?

Child 1 - ☐ Yes ☐ No

Child 2 - ☐ Yes ☐ No

Child 3 - ☐ Yes ☐ No

Child 4 - ☐ Yes ☐ No

**NOTE:** If YES, epi-pen must be provided to the centre for use during child/ren's attendance at vacation care.

Do/es your child/ren require regular medication? ☐ Yes ☐ No If YES please provide details:

(Child 1)

(Child 2)

(Child 3)

(Child 4)

Does your child require administration of medication during vacation care?

Child 1 - ☐ Yes ☐ No

Child 2 - ☐ Yes ☐ No

Child 3 - ☐ Yes ☐ No

Child 4 - ☐ Yes ☐ No

**NOTE:** Separate Administration of Medication form required to be completed at the centre.

The Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013 requires that a child's immunisation status must be provided to a service before enrolment. All families need to provide evidence that their child/ren is either:

- fully vaccinated for their age or
- has a medical reason not to be vaccinated or
- has a conscientious objection, including religious beliefs, to vaccination, or
- is on a recognised catch-up schedule if their child has fallen behind with their vaccinations.

Has your child/ren received the necessary immunisation for their age?

☐ Yes - please supply a copy of your child/ren's Immunisation History Statement with this enrolment form.

☐ No - please complete and supply a copy of an Immunisation Exemption Conscientious Objection form available from Medicare for your child/ren.

Has your child/ren been hospitalised in the last 3 months? ☐ Yes ☐ No If YES please provide details:

(Child 1)

(Child 2)

(Child 3)

(Child 4)

Does your child/ren have any restrictions relating to physical activities due to a medical condition? ☐ Yes ☐ No  
If YES please provide details:

(Child 1)

(Child 2)

(Child 3)

(Child 4)

Does your child/ren require additional assistance to meet their needs? ☐ Yes ☐ No  
If YES please provide details:

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(Child 1)

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(Child 2)

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(Child 3)

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(Child 4)

Does your child/ren have any dietary requirements other than allergies noted previously? ☐ Yes ☐ No  
If YES please provide details:

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(Child 1)

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(Child 2)

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(Child 3)

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(Child 4)

Additional medical comments regarding your child/ren

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Family medicare no.

Is your family a member of a private health fund? ☐ Yes ☐ No If YES please provide the following details:

Name of private health fund

Health fund member no.

## AUTHORISATION AND APPROVAL (PERMISSION)

### 1. Permission to seek medical assistance in an emergency

In the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the staff to take my child/ren to a doctor or hospital to seek the following urgent treatments:

- Medical
- Dental
- Hospital
- Ambulance Service and transportation of the child by Ambulance

### 2. Permission to carry out appropriate first aid treatment in an emergency

In the case of an accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the service to carry out appropriate first aid treatments.

### 3. Permission for staff to give medicine in case of emergency

I hereby authorise the staff to administer an age/weight appropriate dose of a fever reducing agent to my child/ren, should he/she have a fever, while awaiting my arrival (or that of my authorised agent) to seek medical treatment.

**4. Permission for staff to administer medication**

I hereby authorise YWCA staff to administer prescribed medication for my child/ren according to the dosage prescribed on the packaging. (Separate Administration of Medication Form to be completed at the centre).

**I have read the information contained in the Authorisation and Approval (Permission) section of this form and agree to give my permission**

**Signed:**

**Date:**