



23 Rae Street, Mackay 4740

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UPDATED CHILD DETAILS

Given Name: Surname:

Date of Birth: Gender: Male Female

CRN: Child's Medicare No:

Address:

Country of Birth: Primary Language:

Religion/Culture/Ethnic Background:

Is the Child of Aboriginal or Torres Straits Islander origin?

NO Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander

Are your child's Immunisations up to date? YES NO

Has Immunisation History Statement been sighted by MFDC Staff? YES NO

HEALTH OF CHILD

Does your child require regular medications? YES NO

If YES, please provide details:

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Does your child suffer from any of the following conditions:

Condition	YES / NO	Details
Allergies		
Asthma or recurrent chest infections		
Anaphylaxis		
Diabetes		
Seizures		
Eczema		
Hearing or speech problems		
Special Dietary requirements		

If you have answered YES to any of the above, please supply an Action Plan from your doctor and/or a Risk Minimisation and Communication Plan for each one.

MEDICAL INFORMATION

Name of Child's Doctor:

Doctor's Full Address: (Number/Street)

(Suburb) (Postcode) Phone:

SCHOOL CHILD

Name of School:	Transport required? YES <input type="checkbox"/> NO <input type="checkbox"/>
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NOTE: School children are booked from Term to Term. Parents requiring care for school-aged children during school holidays MUST make a separate booking for School Vacation Care.

Parent/Guardian Signature: Date: