Aqua Jetty
A City of Rockingham Community Facility

Crèche Medical Details Form

If your child suffers from any medical or physical condition, please complete the form below. For example: allergies, anaphylaxis, asthma, epilepsy, diabetes, dietary requirements or medical conditions such as ADD or special needs.

Child's details

Child's name: _____

Date of birth: _____

Parent/Guardian: _____

Contact number: _____

Medical details

Medical condition: _____

Reaction: _____

_____

Triggers: _____

_____

Action plan: Yes ☐ No ☐

Please note: If your child is prescribed an Epi-pen, an action plan must be provided by a doctor and an in date Epi-pen, labelled with child's name, must be given to staff, whilst in our care. Attendance will not be permitted without the Epi-pen.

Additional needs

If the above child has any additional needs please fill in the Special Requirements section below and speak to a staff member to discuss how we can best meet your needs during your visit.

Special requirements

Support required:	
Communication details: (e.g. verbal, non-verbal)	
Behavioural concerns:	
Cognitive level / Level of understanding:	
Any other concerns:	

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Authorisation

In the event of an accident or illness suffered by my child, I understand that the staff of the Aqua Jetty Crèche will try their best and contact me the parents/guardian. When it is impractical or impossible to communicate with me the parent/guardian, I authorise the Crèche staff to obtain on my behalf, such medical or surgical treatment as may be deemed necessary and in the best interest of the child. I also agree to pay any expense associated with the treatment given to my child/ward.

Collection notice

The City of Rockingham is collecting personal and health information for the purpose of ensuring the safety and wellbeing of your child while they are attending the Aqua Jetty crèche. It may also be used for secondary purposes which would be reasonably expected. We may share this information with health care providers in order to obtain medical or surgical treatment for your child should it be required. If you choose not to provide the requested personal and health information, we may be unable to safely provide crèche services for your child. To access, correct or learn more about how we handle personal information, please contact privacy@rockingham.wa.gov.au or visit rockingham.wa.gov.au/privacy.

Parent Signature: _____ Date: _____

Print Name: _____

Submit Form