Outside School Hours Program



- Minimal support by increased child / staff ratios to participate in activities

- Interacts in an age appropriate manner with other children, using standard OSHC ratios (eg 1 adult to 15 children)



Child's information			
Name of child			
Date of birth			
Address			(Insert child photo)
Name of person completing form	Relationship to child		
Medical information			
Details of additional needs or disability (eg. diagnosis and/or description of needs)		Tick if not applicable (go to next question)	
Details of medical conditions (eg. anaphylaxis, epilepsy, asthma, diabetes)			Tick if not applicable (go to next question)
Medical management (action) plan attached? - YES - NO		s your child have any dieta - YES - NO s, please provide some in	
Is medication to be given at the program? - YES - NO If yes, please provide the name of medication		s, preuse provide some in	OTTIGOTI
(please note; a medication form will need to be completed each day a medication.)	nt the program if child requires		
Inclusion information			
What level of support do you feel your child needs - Constant one on one support to participate in		m? (please tick)	

Inclusion information continued Is your child physically mobile/independent? (eg. moves around freely, participates in activities of choice without assistance) - YES - NO If No, please provide FULL details of your child's capabilities and support required (eg. uses a wheelchair, can walk but only short distances, needs assistance to climb stairs) Can your child meet their self-care needs? (eg. toilet self, wash hands, change clothes, feed themselves, identify when to add or remove articles of clothing based on weather) YES NO If No, please provide FULL details of your child's capabilities and support required (eg. needs support to go to toilet, can feed self but needs reminding to drink regularly, wears nappies and needs to be changed regularly, my child is PEG fed) Can your child communicate effectively with others? (eg. engage in conversation, let others know of their needs or when hurt or upset) YFS - NO If No, please provide FULL details of your child's capabilities and support required (eg. understands verbal instruction, makes eye contact, understands non verbal communication, uses communication aids such as AUSLAN, MAKATON, COMPIC) Does your child respond positively in social situations? (eg. engages in play in small/large groups, understands and follows rules and boundaries, able to cope well with unfamiliar places and open spaces, understands stranger danger) YFS - NO If No, please provide FULL details of your child's social capabilities and support required (eg. shy in new environments, doesn't cope well with loud noises, needs close supervision in public or open spaces, wanders off) Does your child exhibit any inappropriate/challenging behaviours? (eg. behaviours that may impact on theirs or others health, safety and wellbeing) - NO What strategies are used to calm your child in these situations? (eg. giving them their own space (time out), allowing them to remove themselves from the situation to a close by area/space, talking them through the situation with specific words, sentences e.g. "it's going to be ok, what can I do to help you?") If Yes, please provide FULL details of your child's behaviours (eg. kicks and/or bites when can't get their own way, swears when angry or frustrated, self-harming behaviour when angry, absconds/runs away when overwhelmed)

Inclusion information continued

What other services does your child receive support from? (eg. specialists, occupational therapists, speech therapist, psychologist, specialist services etc)

Organisation	Contact person	Contact details	Nature of support
Any other relevant information	n to support the inclusion of your c	hild in our service?	
Privacy Statement			
or directly related nurnoses. Council may	disclose this information to other organisation	s if required or as permitted by legislation. Anyone is	tion is held securely and used solely by Council for a specific and/ providing information understands that their personal information for access and/or correction should be made to Council's Privacy
make an informed assessrThe above information is a	ment to determine the ability of the true an accurate reflection of the n	program to meet the needs of my chil eeds of my child.	for the Outside School Hours service to be able to d. slisted on this form information regarding the
	cation may be refused in the event	of the non-disclosure of relevant inforr	mation.
Name		Date	
Signature			