Your child’s safety is very important to our team. Early Start Australia (ESA) will use the information collected on this form if your child is involved in a medical emergency. All information is held in accordance with our Privacy Policy.

Please ensure that medical information on this form is current at the time that the program is run.

|  |  |  |  |
| --- | --- | --- | --- |
| Program Name |  | Program Date(s) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Client Name |  | Client Date of Birth |  |
| Client Address |  | | |

## Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Parent / Carer Name |  | Parent / Carer Phone Number |  |
| Name of Person Collecting Child (if different) |  | Person Collecting Child Phone Number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Contact Name |  | Emergency Contact Phone Number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Client’s Doctor’s Name |  | Clinic Name |  |
| Clinic Address |  | | |
| Clinic Phone Number |  | | |

## Health and Medical Information

Is your child taking any medication?

|  |  |
| --- | --- |
| Yes | ESA staff are not permitted to provide medication to your child. Please advise how you will arrange for medication to be administered? |
| No |  |

Does your child require assistance with toileting?

|  |  |
| --- | --- |
| Yes | ESA staff are not permitted to provide assistance with toileting unless included in their therapy plan. Please advise who will be present to assist with toileting? |
| No |  |

Please tick and provide additional information related to the following health and medical matters

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | **YES** | **NO** | **Please comment / provide further information** |
| Asthma |  |  |  |
| Anaphylaxis |  |  | Please provide a care plan from your GP |
| Blackouts |  |  |  |
| Diabetes |  |  |  |
| Dizzy spells |  |  |  |
| Migraine |  |  |  |
| Heart condition |  |  |  |
| Other |  |  | Please specify |
| Seizure of any type |  |  |  |
| Penicillin / Other Drug Allergy |  |  | Please advise care required for this allergy |
| Food Allergy |  |  | Please advise care required for this allergy |
| Other Allergies |  |  | Please specify and advise care required for this allergy |
| Dietary Requirements |  |  | Please specify |

## Medical Consent

Where the therapist is unable to contact me, or it is otherwise impractical to contact me, I authorise the therapist to:

Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.

Administer such first-aid as the therapist judges to be reasonably necessary.

## Privacy Statement

Early Start Australia Pty Ltd (ESA) will collect and use your personal (including sensitive/health) information (Information) in the case of a medical emergency at the holiday program where we provide our services.

If you provide your email address, telephone and/or mobile phone number, you also consent to ESA using your email address, telephone and/or mobile phone number to contact you (including by telephone call, SMS or email) for this purpose.

We typically collect your Information directly from you. However, we may also collect your Information from your treating healthcare professionals and your family members.

ESA will hold and use all Information it collects from these parties about you for the purposes described in this Form.

If you do not provide Information requested of you to ESA, we may be unable to provide the services at the holiday camp.

In order to carry out our services, functions and activities at the holiday camp, ESA may disclose Information to healthcare professionals and as required by law.

ESA will allow you to access and correct Information we hold about you as required by law. Our Privacy Policy which can be accessed at [www.earlystartaustralia.com.au](http://www.earlystartaustralia.com.au) contains further information about how ESA generally handles your Information including how you can:

* Seek to access and/or correct Information we hold about you; and
* Submit a privacy complaint to ESA and how ESA will deal with your complaint.

If you have any queries about how ESA handles your Information or would like to request access to, or the correction of, your Information, please email [feedback@earlystartaustralia.com.au](mailto:feedback@earlystartaustralia.com.au).

**Signature**

By signing this Holiday Program – Medical Information Form, I voluntarily consent to the matters as indicated in this Form, including to Early Start Australia collecting, holding, using and disclosing my child’s Information in accordance with this Form.

|  |  |
| --- | --- |
| Signature |  |
| Date |  |