TOWNSVILLE GRAMMAR SCHOOL

ADDITIONAL PRE-KINDY ENROLMENT INFORMATION

OFFICE USE ONLY
PARENT CODE

CHILD'S SURNAME:..... CHILD'S GIVEN NAME/S: .....

Child's Customer Reference Number (CRN): .....

Nationality: …….. Primary language spoken at home:……

Are there any siblings in Care (e.g. Child Care, Family Day Care, OSHC) ☐**Yes** ☐**No**

If Yes, what are their names

Sibling 1:..... Please specify type of Care .....

Sibling 2: ..... Please specify type of Care .....

Sibling 3: ..... Please specify type of Care .....

Sibling 4:..... Please specify type of Care .....

Mother/Guardian Full Name: .....

Father/Guardian Full Name: .....

Mother DOB: ..... Father DOB: .....

Mother Customer Reference Number (CRN): .....

Father Customer Reference Number (CRN): .....

IMMUNISATION SCHEDULE

AGE	DISEASE	VACCINE	DATE
Birth	Hepatitis B	Hepatitis-B	
2 months	Diphtheria, Tetanus, Pertussis, Poliomyelitis	Infanrix-IPV	
	Haemophilus influenzae type b, Hepatitis B	Hib-HepB (Comvax)	
	Pneumococcal	7vPCV (Prevenar)	
4 months	Diphtheria, Tetanus, Pertussis, Poliomyelitis	Infanrix-IPV	
	Haemophilus influenzae type b, Hepatitis B	Hib-HepB (Comvax)	
	Pneumococcal	7vPCV (Prevenar)	
6 months	Diphtheria, Tetanus, Pertussis, Poliomyelitis	Infanrix-IPV	
	Pneumococcal	7vPCV (Prevenar)	
12 months	Measles, Mumps, Rubella	MMR (Priorix)	
	Haemophilus influenzae type b, Hepatitis B	Hib-HepB (Comvax)	
	Meningococcal C	MenCCV (Meningitec or Neisvac-C)	
18 months	Varicella (Chicken Pox)	VZV (Varivax or Varilix)	
	Hepatitis A (Aboriginal & Torres Strait Islanders only)	Hepatitis A	
24 months	Pneumococcal (Aboriginal & Torres Strait Islanders only)	23vPPV	
	Hepatitis A (Aboriginal & Torres Strait Islanders only)	Hepatitis A	
4 years	Diphtheria, Tetanus, Pertussis, Poliomyelitis	Infanrix-IPV	
	Measles, Mumps, Rubella	MMR (Priorix)	
Other			

☐ **Immunisation History Statement attached**

EXTENDED MEDICAL HISTORY

1. Travel Sickness ☐ Yes ☐ No
2. Surgical Procedures ☐ Yes* ☐ No

**If YES, please detail:*

3. Student's Blood Type *(if known)*

Has the student suffered any of the following? Please note year of illness:

☐Measles	☐Mumps	☐Chicken Pox	☐Rubella	☐Ross River Fever
☐Malaria	☐Whooping Cough	☐Dengue Fever	☐Glandular Fever	☐Scarlet Fever
☐Hernia	☐Bronchitis	☐Tonsillitis		

ASTHMA MANAGEMENT SECTION

Please list prescribed medications:

NAME	DOSAGE	INSTRUCTIONS

1. Does the student use/require a spacer? ☐ Yes ☐ No
2. How often does the student suffer from asthma?
3. Has the student ever been hospitalised for asthma? ☐ Yes ☐ No
4. Has the student ever been admitted to the intensive care unit for asthma? ☐ Yes ☐ No
5. List known trigger factors:
6. Is the student under special care for their asthma? ☐ Yes* ☐ No

**If YES, please detail:*

ALLERGIES

Please specify what the student is allergic to:

FOOD	MEDICATIONS	INSECT BITES	OTHER

Is the reaction:

1. LOCALISED (rash/itch/swelling at the point of contact)? ☐ Yes ☐ No
2. SYSTEMIC (rash/itch/swelling away from the site of contact)? ☐ Yes ☐ No
3. ANAPHYLACTIC (severe breathing problems, swelling of the body) ☐ Yes ☐ No

Please detail the SIGNS AND SYMPTOMS of the reaction:

4. Has the student ever been ADMITTED TO HOSPITAL for an allergic reaction? ☐ Yes* ☐ No

**If YES, please detail:*

5. Does the student TAKE ANY MEDICATION TO PREVENT ALLERGIES? ☐ Yes* ☐ No

**If YES, please detail:*

MEDICATION	DOSAGE	INSTRUCTIONS

In the event of an allergic reaction what EMERGENCY TREATMENT is preferred?

6. Does the student require ADRENALINE (EPI-PEN) for allergic reactions? ☐ Yes* ☐ No

**If YES, please detail:*

7. Does the student wear a MEDICAL ALERT BRACELET OR PENDANT ☐ Yes ☐ No

SWIMMING ABILITY

1. Please tick ☐Unable to swim ☐Beginner ☐Intermediate ☐Advanced

CUSTODY/COURT ORDERS

1. Are there any custody/court orders? ☐ Yes ☐ No

**If YES, please detail all relevant information and attach documents*

PARENT/GUARDIAN CONSENT SECTION

AUTHORISED COLLECTOR / EMERGENCY CONTACT PERSON

This individual should be any person who is authorised to consent to medical treatment of, or to authorise administration of medication to your child; and is permitted to authorise an educator to take your child outside the education and care service premises.

I authorise Townsville Grammar School staff members to give the following persons access to my child:

NAME	ADDRESS	HOME TEL	WORK TEL	MOBILE	RELATIONSHIP TO CHILD

I/We hereby give permission for nominated supervisor or an educator to:

- Initiate medical assistance, and/or treatment, and/or first aid, and/or administer medication to my child where deemed necessary.
- Sign necessary forms for anaesthetic for emergency treatment. Every effort will be made to contact next of kin initially.
- Apply sunscreen to my child for outside play.

NOTE: In the event of an emergency, you give permission for your child to be taken to the Emergency Department of The Townsville Hospital for treatment via Ambulance.

Mother/Parent/Guardian……(signature) **Father**/Parent/Guardian……(signature)

As part of enrolling my child in Pre-Kindy at Townsville Grammar School, I/we the undersigned do hereby agree that:

1. I/We will ensure that my child is brought to Pre-Kindy and be picked up by a responsible adult.
2. I/We understand and accept that fees must be paid in advance at all times and that days booked for are payable at all times, including absences and holidays.
   I/We understand that if fees are not paid, my child's enrolment at Townsville Grammar School could be jeopardised.
   I/We understand that a late fee will apply if my child is collected after closing time.
3. I/We agree to keep my child at home when suffering from a bad cold or other infectious or contagious illness, for the period of recommended time by my doctor. A doctor's clearance letter is required for contagious and infectious illness.
4. I /We agree to notify Townsville Grammar School of any changes in address, telephone, workplace, circumstances or situation. I/We will notify Centrelink of any changes in address, circumstances or situation.
5. I/We agree to give 5 weeks written notice or forfeit 5 weeks in lieu of notice on the termination of my child's enrolment. I/We agree to give 5 weeks notice when changing booked days unless approved arrangements are made to the contrary.
6. I/We agree for my child's photograph and/or name can be used for the promotion of Townsville Grammar School.
7. I/We agree to allow the people listed as "Authorised Collector/Contact Person" to drop off and collect my child from Townsville Grammar School unless otherwise specified.
8. I/We allow Townsville Grammar School staff members to observe my child to assist in developing programmes.
9. Regulations state that absences must be recorded, whether sick days, holidays, or occasional days absent. If a child uses more than the allowed number per calendar year (see Director of Enrolments for more details), Child Care Assistance cannot be claimed. I/We hereby agree to provide written verification regarding my child's absence from care, be it a doctor's certificate, letter or the signing of the attendance sheet for that period.

SIGNATURE

Father / Parent / Guardian ……..PRINT NAME ……

Mother / Parent / Guardian…… PRINT NAME .....

Date ……