



Child's name: _____		Date of birth: _____
Class child is attending: Day: _____ Time: _____ Tutor: _____ Term or holiday program: _____		
ALLERGIES	ASTHMA	DISABILITIES or OTHER SPECIAL NEEDS
My child has an allergy <input type="checkbox"/> yes Known allergens: 1. _____ 2. _____ 3. _____ Does your child need an Epi-Pen? yes/no Have you provided the action plan? yes/no	My child has asthma <input type="checkbox"/> yes Is a puffer required? yes/no If yes, please describe if mild or severe and any known triggers: _____ _____ _____	My child has a disability / special needs: <input type="checkbox"/> yes <i>(Eg. Autism, learning difficulties, shy, communication needs etc.)</i> If yes, please describe: _____ _____ _____ _____
NOTE: - An Epi-Pen is required at each lesson - An Epi-Pen must be in reach of child at all times - Out of date Epi-Pens will not be accepted - A child without their Epi-Pen and action plan cannot attend a class	NOTE: - If a puffer is required at each lesson - A puffer must be in reach of child at all times	NOTE: - Art Centre tutors are not trained to teach students with disabilities
Parent / guardian emergency contact information: 1. Name (person 1): _____ Phone (person 1): _____ 2. Name (person 2): _____ Phone (person 2): _____		Any additional information or care requirements or instructions? _____ _____ _____
I understand that Art Centre staff will use reasonable endeavours to follow my instructions, however I understand that it is my responsibility to ensure that it is appropriate in all the circumstances for my child to be enrolled in the program for this course.		
I will not hold Ku-ring-gai Council or its staff liable for any act or omission, made in good faith, in connection with the administration of Epi-pen or puffer.		
Signed _____ (Parent/guardian) Date: _____ Signed _____ (KAC staff)		



STAFF: PROTOCOL FOR RECEIVING ANAPHYLACTIC STUDENTS	
Child's name:	Date of birth:
Class child is attending: Day: _____ Time: _____ Tutor: _____ Term or holiday program: _____	
(Tick)	1. Ask parents for an "Action Plan" from their GP if they have one. If they do not, ask them to provide one.
	2. Ask parents to show you the Epi pen and check; <ul style="list-style-type: none">▪ that window is clear▪ expiry date is valid▪ it is labelled with the child's name
	3. Ask the parent to sign the disclaimer document.
	4. Ask the parent to note previous triggers.
	5. Sight the child.
	6. Inform tutor of the situation, including previous triggers, and that the Epi-pen must stay with child at all times (ie go outside to lunch with them).
	7. Display action plan in front office (if applicable)
Staff initials:	Date:

Health Records and Information Privacy (HRIP) Act

In completing this form you will be prompted to supply personal information for the purposes of the Health Records and Information Privacy (HRIP) Act, 2002. The supply of this information is voluntary. If you cannot provide, or do not wish to provide the information sought, Ku-ring-gai Council may be unable to process your request. Council is required under the Act to inform you about how your personal information is being collected and used. If you require further information, please contact Council's Privacy Officer on (02) 9424 0000.