## NOTIFICATION OF CHANGED MEDICAL STATUS

Use this form to notify the Service of any **new** medical condition. A Medical Management Plan and/or ASCIA Action Plan for Asthma or Anaphylaxis completed by your medical practitioner must be provided to our Service urgently.

CHILD DETAILS										
Child's full name										
Date of birth		Age			Gender					
ATTENDANCE	MON TUE WED THUR FRI									
PARENT DETAILS										
PARENT NAME		CONTACT NUMBER								
Child Details					·					
First Name		Surnam	e	<u> </u>			DOB			
Parent/Guardian Signature  Mobile										
Has your child recenderails on the next p	tly experienced an al	lergy or into	lerance (ple	ase tic	k relevant	t box	and cor	mplete		
Food allergy										
Food intolerance										
Other allergy: Alle	ergy/intolerance to _									
_	lerance/condition be	en medically	diagnosed <sup>°</sup>	?						
∐ No										
Yes (A Medical Nor specialist)	Aanagement Plan and	d/or Action P	lan must be	provia	led by the	med	ical prac	ctitioner		
☐ Awaiting test res	ults (Please notify us	immediately	of diagnose	ed outc	come).					



Has your child been di	agnosed with a medic	al condition	(please p	rovi	de deta	ils bel	ow)				
Asthma											
Diabetes											
☐ Epilepsy											
Other: Name of cor	ndition:										
									T		
Could this allergy/cor anaphylaxis?	Yes	No			Don						
Please note: if YES, your child <b>cannot</b> attend our service without a prescribed Adrenaline auto injector kit and completed Medical Management Plan or Action Plan.											
Medical Practitioner		Phone contact									
								T	Г		
Action Plan/ Medical	tached	Y	/ES		NO		N/A				
an approved Action Pla	or other comments that in or Medical Manageme ote any possible triggers,	<b>nt Plan.</b> This p	ılan must l	ое со	mpleted	d in co	llabora <sup>.</sup>	tion with	а		
Doront/Cuardian											
Parent/Guardian Name						<b>.</b>					
Parent/Guardian Signature						Date	2				
Director Name											
Director Signature						Date					
Review Date											
Parents/guardian mu	st be contacted within	72 hours to	follow up	on on	possible	e diag	nosis o	of			

