

OSHC Dietary and Sensitivity Information Form



Child's full name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardians full name: \_\_\_\_\_ Parent/Guardians contact number: \_\_\_\_\_

Name of the school your child attends: \_\_\_\_\_

Name of OSHC program your child will/currently attends: \_\_\_\_\_

Your child's dietary/sensitivity requirement (e.g.: vegetarian, mangos, mosquitoes, sunscreen, band aids)-

*Note- If you have place a dietary needs please describe what food/s your child CANNOT consume. And if other questions do not apply to your child's dietary needs please place N/A*

1) Has your child been diagnosed as being Anaphylactic or has an allergic reaction to the dietary/sensitivity stated?

Yes  No

If yes you must complete an Anaphylaxis management plan or Allergic Reaction Management form (downloadable forms [www.afterthebell.com.au](http://www.afterthebell.com.au))

2) How and what can the OSHC program educators do, to manage your child's dietary/sensitivity requirements?

3) What signs does your child display if a reaction is triggered?

4) What procedure is required when responding to an allergic reaction is to occur?

5) Any extra information that is important for OSHC educators to know and made aware of when caring for your child?

*Please attach any other relevant information you feel will be helpful to educators caring for your child.*

***\*In an event of a medical emergency the care service will contact the medical authorities if required***