



## Medical Condition Alert Form

***Please Note:** If your child has been diagnosed with asthma, anaphylaxis, epilepsy, diabetes, additional needs, dietary or other sensitivities, you cannot use this form. Please complete the applicable form from our website.*

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

Parent/Guardian's full name: \_\_\_\_\_ Parent/Guardian's contact number: \_\_\_\_\_

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

### Medical Condition Information

<b>Primary Condition:</b>	
<b>Other Medical Issues:</b>	
<b>Technology/Assisted devices:</b>	

<b>Identify any triggers/signs:</b>	
<b>What procedure is required when responding:</b>	
<b>Any extra information that is important for OSHC educators to know and be made aware of when caring for your child?</b>	

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