



HEALTH PROFILE

for Early Childhood Education and Care (OSHC, Preschool & ELC)

CONFIDENTIAL

The following information must be completed by the parent/guardian and returned to OSHC as soon as possible. This information is confidential and will be available only to relevant staff and emergency medical personnel.

Name of child/young person:			
DOB:		Medic alert number:	
Allergies:			
Education or care service:		Year level:	

EMERGENCY CARE

If your child becomes ill or is injured staff will administer basic first aid.

If your child requires emergency medical help an ambulance will be called and your child's emergency contact will be notified.

HEALTH SUPPORT

(Identify if your child or young person's has any health care needs)

Personal Care		Physical Health		Neurodiversity	
<input type="checkbox"/>	Continence	<input type="checkbox"/>	Anaphylaxis and allergy	<input type="checkbox"/>	ADHD
<input type="checkbox"/>	Infection control	<input type="checkbox"/>	Modified Diet	<input type="checkbox"/>	Anxiety
<input type="checkbox"/>	Oral eating and drinking	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Autism Spectrum
<input type="checkbox"/>	Personal Hygiene	<input type="checkbox"/>	Cerebral palsy	<input type="checkbox"/>	Depression
<input type="checkbox"/>	Transfer and positioning	<input type="checkbox"/>	Cystic Fibrosis	<input type="checkbox"/>	Eating disorders
<input type="checkbox"/>	Wound and skin care	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Emotional regulation
		<input type="checkbox"/>	Osteogenesis Imperfecta	<input type="checkbox"/>	FASD
		<input type="checkbox"/>	Seizures & Epilepsy	<input type="checkbox"/>	Oppositional Defiant Disorder
		<input type="checkbox"/>	Spina bifida	<input type="checkbox"/>	Sensory Processing Disorder
<input type="checkbox"/>	Other(specify)				

Provide a copy of any health care plans, action plans or management plans completed by a health professional (these can be accessed on the Department for Education website) <https://www.education.sa.gov.au/supporting-students/health-e-safety-and-wellbeing/health-support-planning>

MEDICATION

Is medication required to be administered in an education or care service?

YES

NO

If yes, a medication agreement must be completed (please find attached below)

CONSENT

The information I have provided is true and correct

I understand it is my responsibility to keep the education and care service up to date with my child's health support information.

Name

Relationship to child/young person

Signature

Date