



ROWVILLE & DISTRICT NEIGHBOURHOOD HOUSE INC.

ABN 45 733 747 388 A0033463G
 20 Fulham Road, Rowville 3178 (P.O.Box 2193)
 Phone: 9764 1166 Fax: 9764 1215
 Web: www.rdnh.org.au Email: shp@rdnh.org.au

ADDITIONAL NEEDS INFORMATION

Complete only if your child has additional needs or any special medical requirements

Child Name: _____	Age: _____
<u>Parent/Guardian Information</u>	
Name: _____	Name: _____
Contact Number: 1. _____	Contact Number: 1. _____
2. _____	2. _____

1. Please give a description of your child's additional needs including medical requirements. (Hearing impaired, Epilepsy, Autism, ADHD Anaphylaxis etc.)			
2. Does your child need any special equipment? (wheelchair, hoist, etc.)		YES	NO
Can you supply this equipment?		YES	NO
3. Does your child need extra support and help with day to day tasks? (toileting, eating, etc)			
YES (please specify)		NO	
4. Can your child communicate verbally? YES NO If no, how does your child communicate? (Auslan, Makaton, etc)			
5. Does your child need additional support when?			
Interacting with other children	YES	NO	
Participating in activities	YES	NO	
Managing emotions and feelings	YES	NO	
6. Please write any other important information that would be helpful in the day-to-day care and medical needs of your child. (ie handling of disruptive and/or dangerous behaviour)			

I give permission for the Rowville & District Neighbourhood House to seek, where appropriate, additional funding to assist staff to meet the additional &/or medical needs of my child.

Parent/Guardian Signature: _____ Date: ___ / ___ / _____