BENDIGO SPECIAL DEVELOPMENTAL SCHOOL 20
STUDENT PROFILE DATE:_____ GROUP/ROOM NO:____

PERSONAL INFORMATION

Student Name: _____

Date of Birth: _____

Brothers/Sisters: (name and age)_____

_____

Parent/Guardian A:

Name:_____

Address:_____

_____

Home phone:_____

Mobile:_____

Occupation:_____

Employers Name:_____

Are you able to be contacted at work? ☐ Yes ☐ No

Phone:_____

Email Address:_____

Parent/Guardian B:

Name:_____

Address:_____

_____

Home phone:_____

Mobile:_____

Occupation:_____

Employers Name:_____

Are you able to be contacted at work? ☐ Yes ☐ No

Phone:_____

Emergency Contact

Name: _____

Phone:_____

Relationship to student:_____

Are there any access / custody restrictions?_____

_____

MEDICAL INFORMATION

Diagnosed disability: _____

Illness or other impairment: _____

_____

Medication (name and dosage)

At school: _____

At home: _____

Medicare Number: _____

Private Health Insurance: ☐ Yes ☐ No

Name of Insurer: _____

Doctor's Name: _____

Phone Number: _____

Ambulance Subscriber: ☐ Yes ☐ No

Membership Number: _____

ASTHMA/ALLERGIES

Does your child suffer from Asthma?

☐ Yes ☐ No

* If yes, you are required to complete an Asthma Management Plan/Medical Action Plan.

Does your child have an allergy? ☐ Yes ☐ No

If yes, is the allergy…..

☐ Mild/Moderate ☐ Severe

* If the allergy is severe, you are required to complete an Anaphylaxis Management Plan.

Cause of allergy _____

_____

_____

Symptoms e.g. rash _____

_____

_____

continued over page……..

TRANSPORT (to and from school)

☐ Private Car

☐ Taxi

☐ Bus

Departure from home _____ (am)

Arrival time at home _____ (pm)

Please tick if you child has:

☐ Impaired Hearing

☐ Impaired Vision

☐ Impaired Speech

☐ Impaired Mobility

Additional details:_____

_____

_____

_____

Independent Living Skills

Describe your child's current skills in the following areas. What can they do themselves, what assistance is required?

Dressing

Toileting

Eating

Personal Hygiene

Individual Requirements: Likes/Dislikes_____

_____

_____

_____

Additional Information:_____

_____

_____

_____

_____

Parent Name:_____ **Signature:**_____ **Date:** _____