



Change of Information Form.

Child's Name..... Group

Name of person completing this form.....

Please complete appropriate sections and attach updated records where applicable.

*Changes to child's Immunisation status/Allergy/Asthma/Anaphylaxis/Medical Condition. Please document changes.

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*Changes to child's Action Plan or Treatment. Please document changes.

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Changes to parent/guardian or Authorised Nominees details. Please document changes. (ie home, work, mobile contact details or change of address).

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Signature of parent/guardian..... Date

Please return this form to your child's teacher.

*Please attach where applicable, updated **Immunisation History Statement** from Australian Immunisation Register or **Medical Action Plan** signed by a medical practitioner. The teacher may also need to complete an updated Risk Minimisation Plan.