

Supervised Care of Children Registration Form

The Epilepsy Foundation of Victoria Inc (EFV) is pleased to offer supervised care of children during Parent/Carer Activities/Programs.

This service is provided by casual EFV staff who have Childcare Assistant Qualifications and the Childminding area is located in the same building as the Activities/Seminars, for easy parent / carer access, if needed*.

If you would like to take advantage of our Childcare service, please complete the following forms and return them at least one (1) week prior to the appropriate session, to:

Jean Ewing
The Epilepsy Foundation of Victoria Inc
818 Burke Rd
CAMBERWELL 3124

Parent/Carer Details

Mother's Full Name: _____
Father's Full Name: _____
Carer's Name (if applicable): _____

Contact Details

Mailing Address: _____

Telephone: Hm: _____ Wk: _____ Mob: _____

Child/Children With Epilepsy

Name: _____ Date of Birth: _____

Siblings (if Childminding required)

Name: _____ Date of Birth: _____

***All medication administration will be the responsibility of the parent/carers attending the Session.**

Epilepsy Diagnosis & Details

Type/s of Seizure: _____

Known Triggers: _____

Seizure Pattern (What happens before, during & after seizure):

Other Health conditions, specific disabilities and/or behavioural issues:

Special Dietary Information

Type of food supplied by family: _____
When should food be given: _____
& by Whom: _____
Foods to be avoided: _____
Known Allergies: _____

Additional Information

Please consider any other information/conditions/issues that would assist EFV staff in their **planning and management of all your children** whilst you attend the EFV Session:

Any other issues you'd like EFV to know about: _____

In the event that my child has a seizure whilst attending EFV Childcare, I agree to supervise treatment / recuperation as necessary.

Signed: _____
Parent / Carer

Date: _____