

REGISTRATION FORM HEALTHY KIDS BUS STOP

Muswellbrook

27-29 June 2017

A free health screen for 3-5 year old children

CHILD'S DETAILS

| | | | |
|---------------------------------------|--|-------------|--|
| Child's First Name | | | |
| Child's Surname | | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Date of Birth | | Child's Age | |
| Address | | | |
| Town | | Postcode | |
| Aboriginal or Torres Strait Islander? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

PARENT'S DETAILS

| | | | |
|-----------------------------------|--|--------------------|--|
| Parent's First Name | | | |
| Parent's Surname | | | |
| Telephone (Home) | | Telephone (Mobile) | |
| Medicare number | | | |
| Child's Medicare reference number | | Expiry Date | |

PROGRAM INFORMATION

Please select the preferred day of your appointment. Royal Far West will contact you to arrange a suitable appointment time.

| | | | | |
|--|--|--------------------------|--------------------------|--------------------------|
| Location | Stan Thiess Community Centre, Hill Street, Victoria Park, Muswellbrook | | | |
| Tuesday 27 June | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wednesday 28 June | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thursday 29 June | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How did you hear about the Healthy Kids Bus Stop? | | | | |
| Who will be attending the Healthy Kids Bus Stop with the child? Please note this person needs to be a parent or legal guardian. | | | | |



YOUR CHILD'S HEALTH



| | |
|--|--|
| Does your child have a Blue Book? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is your child's immunisation status up to date? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your child have any speech and/or language concerns? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your child have any fine or gross motor skill development concerns? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your child have any hearing concerns? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently accessing services any of the above and who: Speech: OT: Hearing: Other: | When last service Wish to continue |
| Who is your child's Local Doctor? | |
| Who is your child's Dentist? | |
| Has your child been to see a Dentist in the last 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What school is your child currently attending? | |
| What school will your child be attending next year? | |

CONSENT

I understand that staff from the Healthy Kids Bus Stop will share relevant information obtained during the registration process to assist in the planning of the Healthy Kids Bus Stop. This will include service providers and partners from the Healthy Kids Bus Stop as well as other service providers external from the Healthy Kids Bus Stop. This may include relevant staff from the Local Health District, Primary Health Network, Aboriginal Health Service and local GP. Yes No

Parent/Guardian's full name: _____

Signature: _____ Date: _____

Witness: _____

Signature: _____ Date: _____

Please visit <http://www.royalfarwest.org.au/healthy-kids-bus-stop> to fill out a form online, fax this form to Royal Far West on 02 9976 5361, email to johnr@royalfarwest.org.au, or phone RFW on 8966 8500

