



## Paediatric Occupational Therapists

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Dear Parents and Carers:

As part of our duty of care, we need to individually document any known risks that pertain to your child and your child's treatment sessions at The Sensory Gym®. While we know that you have provided this information in other paperwork you have completed, we ask that you take a few minutes to complete this form so that we have the information about your child in a readily accessible spot.

If your child does not have additional risk factors, this document will conclude our discussion with you regarding risk management, unless you have additional questions for us.

If your child does have additional risk factors, we will collaborate with you to determine, document, and deliver a risk management plan specific to your child.

My child has or experiences:

	Please provide details	Current Management of Condition
Epilepsy		
Anaphylactic allergies		
Diabetes		
Deficits in vision or hearing		
Known neuromuscular or musculoskeletal diagnosis		
Asthma		
Cardiovascular Conditions		

Childs name \_\_\_\_\_

Parent / Carer Signature \_\_\_\_\_

Date: \_\_\_\_\_