

Parent/ Carer Information Sessions, May 2011

3RD MAY
7.15-9.30PM

ALTERNATIVE THERAPIES FOR TREATING AUTISM – WHICH ONES WORK?
Dr Catherine Marraffa, Consultant Paediatrician, RCH

10TH MAY
7.15-9.30PM

TRANSITION TO SCHOOL FOR CHILDREN WITH ADDITIONAL NEEDS
Ms Michele Spreckley, Ms Tracey Treadwell, Uncle Bob's Child Development Centre

17TH MAY
7.15-9.30PM

**BOTULINUM TOXIN INJECTIONS FOR MUSCLE STIFFNESS. HOW, WHEN & WHY?
IS IT RIGHT FOR MY CHILD?**
Dr Louise Baker, Fellow, Developmental Medicine/ Paediatric Rehabilitation Service, RCH

24TH MAY
7.15-9.30PM

**COMFORT AND EASE OF CARE FOR CHILDREN WITH CEREBRAL PALSY –
WHAT'S AVAILABLE?**
Dr Giuliana Antolovich, Consultant Paediatrician, Developmental Medicine,
Ms Sacha Petersen, Clinical Nurse Consultant, Developmental Medicine, RCH

Cost: \$15 per head per session or \$25 for 2 *family members* attending same session together

Location: Volunteer Resource Room, 1st Floor Main Building, Royal Children's Hospital, Flemington Rd, Parkville. (next for Family Resource Centre)

Queries: Ph. 03 9345 5898/5692 or email: education.seminars@rch.org.au.

- **SESSIONS ARE SOLELY FOR PARENTS AND CARERS – WE RUN SEPARATE PROFESSIONALS SESSIONS.**
- **BOOKINGS WILL ONLY BE MADE BY PRE-PAYMENT WITH REGISTRATION FORM.**
- **NO REFUNDS WILL BE ISSUED FOR CANCELLATIONS WITHIN 7 DAYS OF SESSION, OR NON-ATTENDANCE.**



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REGISTRATION FORM / TAX INVOICE

DEPARTMENT OF DEVELOPMENTAL MEDICINE, ROYAL CHILDREN'S HOSPITAL ABN 35 655 720 546

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|--------------------------|---------------------------|-------------------------------------|---------------------------|
| <input type="checkbox"/> | Tues May 3 rd | Autism | @ \$15.00 ea /\$25 couple |
| <input type="checkbox"/> | Tues May 10 th | Starting School | @ \$15.00 ea /\$25 couple |
| <input type="checkbox"/> | Tues May 17 th | Botulinum Toxin | @ \$15.00 ea /\$25 couple |
| <input type="checkbox"/> | Tues May 24 th | Comfort measures for Cerebral Palsy | @ \$15.00 ea /\$25 couple |

I enclose a cheque/postal order to 'Department of Developmental Medicine' for: \$.....

NAME:.....

PHONE:E-MAIL.....

ADDRESS:.....

Your child's age:.....Disability.....

Please make cheque or postal order payable to 'Department of Developmental Medicine' and return to: **Education Seminars, Developmental Medicine, Royal Children's Hospital, Flemington Rd, Parkville 3052.**

Unfortunately we cannot accept payment by credit card at this time