

Educator first name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date form completed: \_\_\_\_\_

Date for review: \_\_\_\_\_

Child first name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_

## MEDICAL CONDITION MANAGEMENT

*Please note: For a child with a specific health care need, allergy or relevant medical condition, a Medical Management plan will also be required from the Child's Medical practitioner.*

Specific health care needs, Allergy or diagnosed medical condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe what symptoms your child is likely to exhibit due to this medical condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHEN YOUR CHILD HAS A MEDICAL CONDITION:

At the first sign of symptoms, the following prescribed medication should be administered:

Name of medication: \_\_\_\_\_

Dose and method of application: \_\_\_\_\_

\_\_\_\_\_

Frequency of application: \_\_\_\_\_

Further instructions: \_\_\_\_\_

\_\_\_\_\_

Contact person firstname: \_\_\_\_\_ Surname: \_\_\_\_\_

Contact person contact number: \_\_\_\_\_

IF SYMPTOMS GET WORSE:

Medical practitioner has a medical action plan?  Yes  No If yes, please attach a copy to this form.

Steps to take:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**RISK MINIMISATION PLAN - strategies to avoid triggers (prepared by parents and service)**

- Anaphylaxis, Asthma and first aid trained Educators are on the premises at alltimes.
- The medical management plan, risk minimisation plan and medication are accessible to all educators. Discussions to explain where these items are kept are held with Parents, Educators and Volunteers.
- The child’s and service medication is stored in the prescribed location for theservice.
- The child’s medication will be checked to ensure it is current and has notexpired.
- There is a notification of child at risk of Anaphylaxis displayed in the front foyer with other prescribedinformation.
- The Nominated Supervisor will identify all children with specific health care needs, allergies or diagnosed medical conditions to all new educators, staff, volunteers and students, and ensure they know the location of the child’s medical management plan, risk minimisation plan and medication.
- Parents are required to authorise administration of medication on a medication record, and Educators will complete administration of medication record whenever medication is administered.
- A copy of parent’s authorisation to administer medication is attached to medical management plan and original filed in child file.
- The Nominated Supervisor will discuss with the parents of any allergens that pose a risk to thechild.
- The service will display the child’s picture, first name, medication held and location, and brief description of medical condition on a poster/schedule in a prominent place to alert all staff, volunteers and students.

Child first name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Specific health care needs or diagnosed medical conditions: \_\_\_\_\_

Predominant triggers (e.g. eating certain food, chemicals, temperature, physical activity, animals, plants, mould, missed meals, etc.):

Other allergy triggers: \_\_\_\_\_

What educators, staff and volunteers will do to minimise effect of triggers (e.g. service will be cleaned daily to reduce allergens; Child will not feed pets; Child will be supervised while other children are eating and drinking, etc.):

RISKS	STRATEGY	WHO IS RESPONSIBLE?

Other comments: \_\_\_\_\_

## MEDICAL COMMUNICATIONS PLAN (prepared by parents and service)

Child first name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_

The following communication plan is prepared in accordance with regulation 90(1)(iii) to set out how: relevant staff members, parents and volunteers are informed about the medical conditions policy; and, the medical management and risk minimisation plans for the child; and a parent of the child can communicate any changes to the medical management plan and risk minimisation plan for the child.

### SERVICE

Educators:

- will complete an Incident, Injury, Trauma and Illness form and advise you when your child requires medication where this has not previously been authorised (for a specific day or time);
- may enquire about the child's health to check if there have been any changes in their condition or treatment; and
- acknowledge a copy of the Medical Conditions Policy has been provided and is available in the service.
- Complete a long-term medication record stating medication and dosage if required.

The Nominated Supervisor will:

- advise all new educators, staff, volunteers and students about the location of the child's medical management plan, risk minimisation plan and medication as part of their induction;
- review the child's medical management plan, risk minimisation plan and medication regularly and seek feedback from educators about any issues or concerns they may have in relation to the child's medical condition;
- regularly remind parents of children with health care needs, allergies or diagnosed medical conditions to update their child's medical management plan, risk minimisation information and medication information through newsletters and information on parent portal
- update a child's enrolment and medical information as soon as possible after parents update the information.

### PARENTS

- will advise the Nominated Supervisor and educators of changes in the medical management plan or medication as soon as possible after the change, and immediately provide an updated medical management plan, medication and medication authorisation (if relevant);
- will provide an updated medical management plan annually, whenever it is updated or prior to expiry;
- provide details annually through the parent portal of any medical condition;
- will advise educators in writing on arrival of symptoms requiring administration of medication in the past 48 hours and the cause of the symptoms (if known); and
- A long-term medication record has been completed and provided to the Educator listing all medications that are required in accordance to your Child's Medical Management/Action Plan from the Child's Medical Practitioner
- will acknowledge a copy of the Medical Conditions Policy has been provided and is available

Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I / we agree to these arrangements, including the display of our child's picture, first name, medication held and location, and brief description of allergies / conditions on a poster in all children's rooms and prominent places to alert all staff, volunteers and students. Also, the above information on forms is correct and current.

Parent / guardian first name: \_\_\_\_\_

Surname: \_\_\_\_\_

Signature: \_\_\_\_\_

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

### OFFICE USE ONLY

Enrolment has been reviewed and completed.

Nominated supervisor first name:

Surname:

Signature:

Date: