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| **Medical Management and Communication Plan** | |
| Childs Name: Date:  Date of Birth:  Medical Condition:  Plan Prepared By: (Parent and Service)  I, (Parent/Guardian) will communication any changes in relation to my child’s medical management plan and risk minimisation plan in writing to the service immediately.  I, (parent /Guardian) give permission for my child’s photo and information to be displayed in the staff room and in the room, they are currently in.  Parent/Guardian Signature: Date: | |
| Triggers or allergens: | |
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| The service will undertake the following to meet the needs of this child with a medical condition: | |
| 1. Everyone understands and recognises the needs and strategies for the child with a medical condition. | * Provide all staff/volunteers with access to the medical conditions policy. * List the strategies for ensuring that all staff, including relief staff and cooks, recognise each of the children with a medical condition. * Confirm where each child’s medical management plan (including the child’s photograph), will be displayed. * Confirm training is required? How need to attend? How often does this need to be refreshed. |
| The centre aims to minimise the risks associated with a child with a medical condition by: | |
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| Actions to take for this child in an emergency. |
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| Communication of changes to this child’s medical management plan and risk minimisation plan will occur by: |
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| Date of Change | Change Required | Action Required | Actioned By | Communicated to Relevant Educators/Staff |
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