

MEDICAL CONDITIONS MANAGEMENT PLAN – GENERAL ILLNESS

This form must be completed for any child if an incident occurs unexpectedly involving a previously unknown medical condition or event.

Child's Name: _____ Date of Birth: _____

Medical Condition:

Is there an Action Plan completed by a Medical Practitioner? YES NO

Is one required for this condition? YES NO

The following information must be available on the Action Plan accessible to ALL educators.

- Triggers if known
- Signs and symptoms
- Medication and Action to be taken

Is medication required? YES NO

If yes, name the Medication supplied to the service for administration: _____

Has this been supplied? YES NO

What is the expiry date of this medication? _____

Medication cannot be accepted when it is beyond its expiry date

Where is medication for this child stored at the service? _____

Are additional skills or training for educators required to care for this child? YES NO

Provide details if so: _____

Any additional Information:

What additional risk minimisation steps must be taken; *Eg; monitoring the environment, ensuring staff ratios are maintained at all times and checking practices are appropriate*

How will Educators be informed of this Risk Management Plan? _____

Parent/Guardian

I understand that the following are my responsibilities and I will ensure these are met for care to continue for my child;

- I will ensure that the required medication is with my child at the centre, I understand that I will be unable to leave my child if I do not have this medication with the child upon arrival.
- I will ensure that the medication provided to the centre is in working condition and has not expired.
- I will keep the centre informed of any changes to my child's medical condition and any changes to phone details for parents, authorised collectors and my child's doctor.
- I understand that a condition of enrolment is that I provide an Action Plan completed by a medical practitioner if appropriate.

I agree to meet the above responsibilities and am committed to working with educators to ensure the health and safety of my child when in care.

Name: _____ Signature: _____ Date: _____

Nominated Supervisor:

I have provided this Medical Conditions Management Plan to educators who regularly care for this child and discussed the contents and meaning of each element. I have also placed this plan in appropriate locations in the service for educator reference. Where products in the service are known to contribute to this condition, the use and purchase of them will be reviewed and this will be communicated to all educators and the child's family.

Name: _____ Signature: _____ Date: _____