**Medical Management and Communication Plan**

* The Medical Management Plan is to be completed by the child’s family
* The child’s family should inform Clarence Family Day Care Scheme and their educator immediately if there are any changes to this plan.

Would you like a meeting with Clarence Family Day Care staff to discuss your child’s medical condition? Yes No

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| Child’s Name: ………………………………………………………………………………………………….  Date of Birth: ……………………………………………..  Educator: ………………………………………………………………………………………………….  Emergency contacts/ next of kin:   1. Name: …………………………………………………………… Relationship: …………………..   Contact numbers: …………………………………………………………………………………………..   1. Name: …………………………………………………………… Relationship: …………………..   Contact numbers: …………………………………………………………………………………………..  Doctor: ………………………………………………………………………………………………………………………  Contact number: ……………………………………………………………………………………………………….. |

Please provide details of the medical condition (eg. Asthma, Diabetes, ASD, Anaphylaxis) …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..…  
Symptoms, triggers and consequences of medical conditions:  
…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..…  
What can be done to minimise the risk? (avoidance of certain foods, pets, pollen etc.)  
………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  
Is educator training required to support my child’s needs? Yes No  
Does the child self-medicate? Yes No  
Does your child take any preventative medication? Yes No  
Name of medication, type (tablet, liquid, puffer etc), dosage and frequency:  
1. ……………………………………………………………………………………………………………………………………  
2. ……………………………………………………………………………………………………………………………………  
3. ……………………………………………………………………………………………………………………………………  
4. ……………………………………………………………………………………………………………………………………

*(All Medication administered to be recorded on Authorisation and Administration of Medication form)*

**Emergency Procedure**Please clearly describe the steps your educator should take in case of an emergency.  
…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….  
Is there any further information we should know in relation to your child’s medical condition and how your child can be supported? Please attach any additional documentation.  
……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**……………………………………………………………………………………………………………………………………………….**

**Communication Plan  
Declaration of parent / guardian:**

* I will ensure my educator is fully aware of the medical requirements when caring for my child.
* I agree to my child receiving the treatment described in this document.
* I authorise my child’s educator to assist my child with taking medication should he / she require help.
* I will renew this Medical Management Plan annually or before if there are any changes to my child’s medication, and forward the plan to my child’s educator
* I will advise my educator on arrival of any symptoms occurring in the past 48 hours that require medication, and the cause of the symptoms if known.
* I will ensure the educator has adequate supplies of my child’s medication.

Name of parent / guardian: ……………………………………………………………………………………

Signature of parent / guardian: …………………………………… Date: ………………………….

**The educator agrees to:**

* Follow the action plan detailed above.
* Ensure the medication is stored appropriately.
* Advise the parents if the child’s medication needs to be replenished.
* Ensure that the medication is accessible to the educator while the child is in care.
* Where relevant, inform all current families of having a child in care with a medical condition and will endeavour to minimise the risks identified in this plan.
* Provide a copy of the plan to Clarence Family Day Care Scheme’s office whenever it is updated.
* Follow the emergency action plan if/when required

**If the child’s condition suddenly deteriorates of if at any time you are concerned, call an ambulance immediately – Dial 000**

Original - Office Parent Copy Educator’s Copy