

EIKOH SEMINAR AUSTRALIA PTY LTD

Medical Conditions Communication Plan

All children enrolled at the centre with a diagnosed medical condition i.e., Asthma, Allergy, Anaphylaxis, Diabetes/ Epilepsy etc will have a Medical Management and Risk minimisation plan completed with the child's family based on the Medical Action Plan completed by the child's treating doctor.

Educators will:

- Complete the appropriate medication forms and advise you when your child requires medication where this has not previously been authorised (for a specific day or time).
- Enquire about the child's health to check if there have been any changes in their condition or treatment.
- Advise parents if the child's medication needs to be replenished.

The Nominated Supervisor will:

- Advise all educators, volunteers, and students about the location of the child's medical action plan, risk minimisation plan and medication as part of their induction and ensure they are familiar with the medical conditions policy.
- Review the child's medical action plan, risk minimisation plan and medication regularly at staff meetings, 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 action plan, risk minimisation information and medication information through newsletters and information through the centre.
- Update a child's enrolment and medical information as soon as possible after parents update the information.

Parents will:

- Advise the nominated supervisor (centre director) of changes in the medical action plan or medication as soon as possible after the change, and immediately provide an updated medical action plan, medication, and medication authorisation (if relevant).
- Provide an updated medical action plan annually, whenever it is updated and prior to its expiry.
- Provide details annually in enrolment documentation of any medical condition.
- Advise educators on arrival of symptoms requiring administration of medication in the past 48 hours and the cause of symptoms if known.
- Ensure the centre has adequate supplies of the child's medication at all times and understand that if the appropriate medication is not on the premises that the child may not attend until the medication is provided.

Centre Director Name:

Parent Name:

Centre Director Signature:

Parent Signature:

Date:

Date:

Communication Notes in relation to:

S.11A

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

S.11A

EIKOH SEMINAR AUSTRALIA PTY LTD

Medical Management Plan and Risk Minimisation

Child's Name: _____

Date of Birth: _____

Does this child have a medical action plan: _____

Plan date: _____ Review date: _____

Child's Room: _____

Child's Medical Condition: _____

Photo of Child

Triggers for allergy or medical condition:

First Aid/ Medication Required:

Where is this child's medication stored:

Steps to be taken to minimise triggers for allergy or medical condition (add extra pages as required):

S.11B

Parent:

I have read, understood, and agreed with this care plan and any attachments listed. I approve the release of this information to educators and emergency medical personnel. I will notify the educators in writing if there are any changes to these instructions. I will ensure that at all times any medication required for my child's medical condition will be on the centre premises, kept in date and if at any time I cannot adhere to this and my child's medication is not at the centre I understand that my child may not be able to attend until I can provide the medication prescribed as outlined in my child's medical action plan.

Name: _____

Signature: _____

Date: _____

Centre Director:

I have completed this form with the child's parents and agree to update any changes received by the parent. I acknowledge that all educators working directly with this child will be shown this document and asked to sign it. This document will be kept in a prominent place and updated as needed while the child remains in our care.

Name: _____

Signature: _____

Date: _____

Educators working with the child are to read this document and sign their name and signature with the date below acknowledging that they have read and understood this document.

Reference: Centre Support

S.11B

Administration of Medication for Children with Asthma, Anaphylaxis, Allergy and Medical Condition Action Plans

Child's Name: _____ DOB: _____

Medical Condition: _____

Triggers: _____

Medical conditions plan to be followed at all times (this includes Anaphylaxis, Asthma and Allergy Action Plans). Please refer to medication plan as instructed by Doctor and Family prior to administering any medication.

I, _____ (parent/ guardian) give permission for the educators at _____ (Centre Name) to administer the following medication as required by my child

_____ as outlined in their

(type of plan) completed by their Doctor _____

Medication Name(s) and dosage:

I have also provided the centre with a current Action plan for my child's medical condition and will ensure that this is updated at least yearly or earlier if there are changes to my child's medical condition. I understand that the centre educator's will notify me if medication is required to be given to my child in response to their medical condition.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Centre Director Signature: _____ Date: _____

Child's Name: _____

[illegible]