## Attachment 1: Medical conditions, risk minimisation and communication plan

ATTACH PHOTO OF CHILD

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| --- | --- | --- | --- | --- | --- |
| **Days of attendance:** | Monday | Tuesday | Wednesday | Thursday | Friday |

|  |  |
| --- | --- |
| **Centre name:** |  |
| **Nominated supervisor name:** |  |
| **Medical condition/health requirement:** |  |

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| --- | --- | --- | --- |
| **Parent’s name:** |  | **Parent’s phone number** |  |
| **Child’s name:** |  | **Child’s date of birth:** |  |
| **Medical practitioner name:** |  | **Medical practitioner contact:** |  |
| **Plan prepared by:** |  | **Role:** |  |
| **Date:** |  | **Review date:** |  |

Please note: There are specialised medical management plans for Anaphylaxis/allergies, asthma, epilepsy and diabetes. Where a child has one of these conditions and the relevant specialist medical management plan is used, only the risk and/or communication plan section of this form should be completed in detail. Please see:

* *ELV Medical Conditions: Anaphylaxis and Allergies Policy and Procedure*
* *ELV Medical Conditions: Asthma Policy and Procedure*
* *ELV Medical Conditions: Diabetes Policy and Procedure*
* *ELV Medical Conditions: Epilepsy and Seizures Policy and Procedure.*

Please complete the details below to assist us to effectively manage the condition while your child is at Early Learning Victoria.

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| --- | --- |
| **Plan implementation date:** |  |
| **Diagnosed medical condition:** |  |
| **Details, symptoms and triggers of medical condition:** |  |
| **Step by step action to be taken:** |  |
| **Medication to be administered:**  **(name of medication, dose and method of application, frequency of application, further instructions)** |  |
| **Steps to take if symptoms do not improve:** |  |

#### Risk Minimisation Plan

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| **Specific health care needs or diagnosed medical condition:** |
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| **List trigger/s:** |
|  |
| **Other allergy triggers:** |
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| --- | --- | --- |
| **Risks** | **Strategy** | **Who is responsible?** |
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| Other comments: |

#### Medical Communication Plan

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| --- | --- | --- | --- | --- |
| **Priority** | **Name** | **Relationship to child** | **Contact number 1** | **Contact number 2** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

#### Actions complete by the centre

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| --- | --- |
| **Action** | **Check** |
| Nominated supervisor will ensure that all educators, cooks, volunteers and students understand the medical conditions for this child. |  |
| Medical Management Plan is fully completed and visible for educators at high-risk areas. |  |
| The Risk Minimisation Plan is developed and completed with educators (and cook/s, if relevant) and family. |  |
| The nominated supervisor will communicate with educators and cook/s (if relevant) any changes to the child’s medical condition. |  |
| Medication will be stored out of reach of children, but in a recognisable location known to all educators. Medication will be checked to ensure it meets policy requirements. |  |
| Nominated supervisor will communicate the attendance patterns and any changes to educators and cook/s. |  |
| Nominated supervisor will ensure the Medical Management, Risk Minimisation and Communication Plan are reviewed annually, or when changes are identified. |  |

#### Actions completed by family

|  |  |
| --- | --- |
| **Action** | **Check** |
| Medical Management Plans are correct and current to ensure the correct information is provided to the centre. |  |
| If medical condition is food-related, families will ensure they have spoken with centre cook/s about their child’s requirements and menu alternatives. |  |
| The Risk Minimisation Plan has been developed in consultation with the family and centre. |  |
| Any changes to the child’s medical condition will be communicated immediately to the nominated supervisor. |  |
| All medications required will be on the centre premises at all times the child is in attendance. Medication will be prescribed by the child’s doctor, in-date and clearly labelled. |  |
| Family will ensure they notify the centre of changes of attendance and absences. |  |
| The Medical Management, Risk Minimisation and Communication Plan will be reviewed annually, or when changes are identified. |  |

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

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| --- | --- | --- |
| Parent/carer name: | Parent/carer signature: | Date: |

Source: ELV Management of Medical Conditions Policy and Procedure, the ELV Medical Conditions: Diabetes Policy and Procedure and the ELV Medical Conditions: Asthma Policy and Procedure