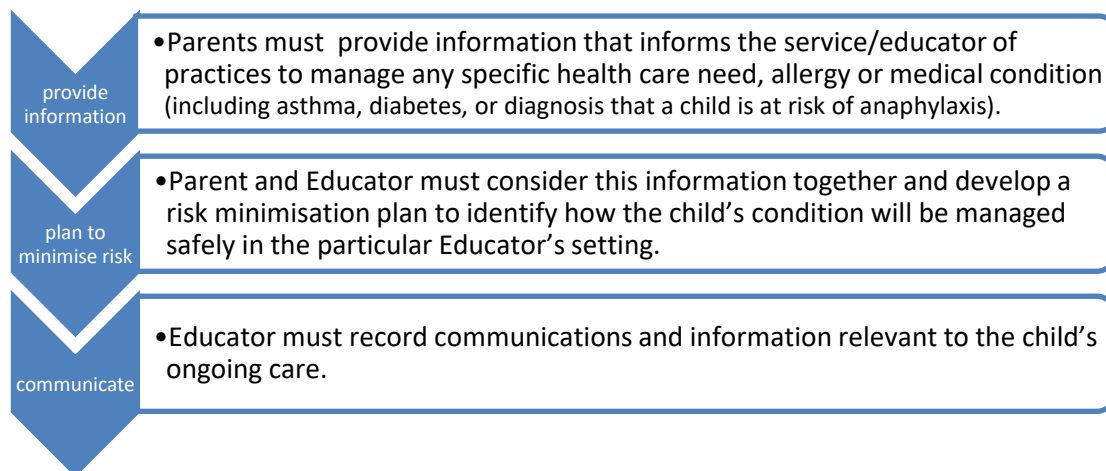


Lake Macquarie Family Day Care
A Quality Education and Care Option for our Community
PH: 02 4921 0156
Email: familydaycare@lakemac.nsw.gov.au



MEDICAL CONDITION / HEALTH CARE PLAN (Management, Risk Minimisation & Communication)

i To comply with requirements of Education and Care Services National Regulation 90 for a child to enrol and attend the service;



- Please have Part 1. of this plan completed and/or endorsed by a qualified medical practitioner when possible (pg 3), and/or supply available supporting documentation.
- Update the plan at least annually, and when any changes in the condition or management occurs.
- This plan, and any other management or emergency plans provided, must be followed and implemented.

DISPLAY THIS PLAN IN A READILY ACCESSIBLE AREA TO ALERT EDUCATORS, STAFF AND VOLUNTEERS
(while maintaining the child's privacy).

Part 1. Medical condition / Health care need information – Parent please complete

Child's name:

Date of Birth:

Specific the health care need, allergy or diagnosed medical condition:

Please attach any relevant information or diagnosis

• Is the child's condition: improving chronic deteriorating

Describe how the condition / health need impacts the child:

Please attach child's photo

USUAL MANAGEMENT DETAILS

Is there a current Health Care Plan and/or emergency plan in place?

No

Yes → please attach

Due for review (date): _____

NOTE: links to sample Emergency Action Plans can be found on our webpage – lakemac.com.au/childcare (enrol my child)

'The information is being collected in compliance with the principles of the Privacy and Personal Information Protection Act 1998 and accordingly will only be used for the purpose for which it is being collected, in emergencies or as otherwise required or authorised by law'.

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• Does your child need any regular medication? No Yes

Describe:	Purpose:	How often / when?
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Is the child able to self-administer any treatment/medication? (school-age children only)

N/A
 No
 Yes →

Describe:

Has the child been instructed by their Doctor in how to safely administer this treatment/medication?

No → child must NOT self-administer treatment/ medication
 Yes

• Are there any specific procedures / equipment involved in caring for your child? No Yes

Describe:	Is training required to perform these? <input type="checkbox"/> No <input type="checkbox"/> Yes	Who can provide this training? (name/organisation + contact details)
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• Does your child receive any early intervention? No Yes

Describe:	Organisation/s:	How often / when?
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• Other management / treatment? No Yes


Describe:	How often / when?
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POTENTIAL RISKS

Potential health risks / alerts	What will reduce these risks? (please describe specific precautions, training, equipment, monitoring, etc)

EMERGENCY MANAGEMENT

• Please describe any situations / triggers likely to cause the child's condition to deteriorate:

 Please attach any relevant emergency action plan

Signs/symptoms indicating deteriorating health	Action required (including when to call an ambulance)

PARENT DETAILS

I consent to this advice being displayed in the education and care service
(full parent signature)

Parent 1 Name Emergency contact ph:
Parent 2 Name Emergency contact ph:

PLAN PREPARED / ENDORSED BY (when possible):

Doctor name: Signature: Date:
Address: Phone:

Part 2. Plan for Minimising Risk – Educator and parent complete (FDC Coordinator can assist if needed)

Child name DOB Condition

Management Plan is located
Medication is located
Emergency Action Plan is located

Medication that may be necessary during care or in responding to an emergency must be provided for the child to attend care.
Parent must complete written authorisation for the Educator to administer any medication.
Parent must inform the Educator of any changes in the management plan/medication, and provide an updated plan and relevant medication authorisation.

Known risk / triggers / allergens Identify items that might pose a risk to child in the Educator setting.	Strategies for minimising risk – what we will do Describe what practices will be implemented or precautions taken.
Reflect risks identified in the Medical Condition/Health Care information relating to the child’s specific health care need or relevant medical condition e.g., allergy risks , including food handling, preparation and consumption, animal allergy risks, not eating enough, skipping a meal, flashing lights, access to the environment and program, equipment related risks etc.	
Empty space for known risks	Empty space for strategies

Educator name signature date
Parent name signature date

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Educator record ongoing communication and exchange of information.

Part 3. Educator and Parent communication – attach with Medical Condition / Health Care Plans

Educator Child condition

Date	Comments / information discussed	provided	Parent initial	Educator initial

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