## MEDICAL COMMUNICATION PLAN (Prepared by Parents and Service)

Child Name:	Date of Birth:
Specific health care needs or diagnosed medical condition:	
The following communication plan is prepared in accordance with regumembers, parents and volunteers are informed about the medical contained risk minimisation plans for the child; and a parent of the child can amanagement plan and risk minimisation plan for the child.	ditions policy; and, the medical management
<ul> <li>Service Educators:         <ul> <li>will complete an Incident, Injury, Trauma and Illness form and a medication where this has not previously been authorised (for</li> <li>may enquire about the child's health to check if there have been treatment; and</li> <li>acknowledge a copy of the Medical Conditions Policy has been</li> </ul> </li> </ul>	a specific day or time); en any changes in their condition or
<ul> <li>advise all new educators, staff, volunteers and students about management plan, risk minimisation plan and medication as pate review the child's medical management plan, risk minimisation meetings, and seek feedback from educators about any issues child's medical condition;</li> <li>regularly remind parents of children with health care needs, all update their child's medical management plan, risk minimisation through newsletters and information on parent noticeboards; at update a child's enrolment and medical information as soon as information.</li> <li>Parents</li> <li>Parents will:         <ul> <li>advise the Nominated Supervisor and educators of changes in the assoon as possible after the change, and immediately provide medication and medication authorisation (if relevant);</li> <li>provide an updated medical management plan annually, when provide details annually in enrolment documentation of any medications and the cause of the symptoms (if known); and acknowledge a copy of the Medical Conditions Policy has been Other comments:</li> </ul> </li> </ul>	art of their induction; a plan and medication regularly at staff or concerns they may have in relation to the dergies or diagnosed medical conditions to on information and medication information and possible after parents update the the medical management plan or medication an updated medical management plan, ever it is updated or prior to expiry; edical condition; dministration of medication in the past 48 provided and is available in the service.
I/we agree to these arrangements, including the display of our child's plocation, and brief description of allergy/condition on a poster in all chiall staff, volunteers and students. Also the above information on forms	ldren's rooms and prominent places to alert
Signed: Parent/Guardian Date	Office use only:  Enrolment form pages have been reviewed and completed.  Nominated Supervisors:
Name of Parent/Guardian	Signature:

Date:\_