



**MEDICAL MANAGEMENT AND COMMUNICATION PLAN:**

Version 4 (MAY 2023)

**Child's Name:**

**Child's D.O.B:**

**Instructions:**

- This record is to be completed by parent / guardians in consultation with their child's doctor and Educator/s
- Parents / guardians should inform the service immediately if there are any changes to this record a note of this will be made at the bottom of this document.
- Medical Management Plans must be reviewed annually. The date for revision is:

\_\_\_\_\_

**Educators Name:**

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

**Service Details:**

Holistic Approach Family Day Care;

Approved Provider: Sarah Westworth

Signed: \_\_\_\_\_

I/we understand that the child \_\_\_\_\_ has an ongoing medical management plan, and this form will be used to update Educators and the service, Holistic Approach Family Day Care in the event of any change in any reactions to the child's condition.



**Child's Diagnosis / History:**

**Signs / Symptoms:**

**Emergency Plan of Action:**

All staff who care for or come into contact with (child) \_\_\_\_\_ will have the appropriate first aid certification stored on file. And available to view at each service child attends.

**Prescribed Medications Required:**

**Comments:**



**Emergency Contacts:**

**Name**

**Relationship:**

**Contact No: (M)**

**Name**

**Relationship:**

**Contact No: (M)**

**Child's Details (in case of attendance to hospital):**

**Name in full:**

**Address:**

**Child's Medicare No:**

**Health Fund Details:**

**Doctor's Details:**

**Name:**

**Contact Number:**

**Address:**

- I authorise the staff at Holistic Approach FDC to follow the Action Plan and administer medication as instructed.
- I will be contacted if my child requires emergency treatment and / or has symptoms whilst attending the Service.
- I will notify Holistic Approach FDC in writing if there are any changes to these instructions.
- I have completed this form in consultation with my child's doctor.
- I will advise Holistic Approach FDC of any changes, and list below should they arise during the time of my child's enrolment.



Date of change	Change required	Action Required	Actioned By	Communicated to Relevant Educators/Staff

**Signature of Parent / Guardian:**

**Date:**

**Date for reassessment:**