Medical Management Plan

A copy of this form is to be sent to office@choicesfdc.com.au when completed and updated on Child's Enrolment

Child's Name:				DOB:	_/_/_			
Parents Name:								
Contact Numbers:							Insert child's phot	0
Diagnosed Health Condition:								
Severity of Con	dition:							
Medication:								
Prescribed dosage:				Expir	y Date:			
Medication required in an emergency:				Dosa	Dosage:			
If the child doe respond to initi treatment:					·			
Call 000 in the	e event c	of an escalation	on in the child's r	nedical co	ndition or an	emerge	ency situation	arises
Doctors Name:								
Address:								
Contact Number	ers:							
Doctors signatu	ıre:							
child's health a	nd medi	cations as soo	true and correct on as possible. o minimize any ri			cator o	f any changes	s to my
Parent Name:				Signature			/	
Educator Name:				Signature			/	

This Plan has been developed in consultation with the parents of:

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Risk Minimisation

Medical risks at the service and how these are minimised:					
The child's medication is stored :					
The medical management plan, risk minimisation plan and medication are accessible at all times.					
The child's medication will be checked regularly to ensure it is current and has not expired.					
There is a notification of a child at risk of anaphylaxis/allergy displayed in the entrance.					
The Office staff and educator will identify the child with specific health care needs, allergies or diagnosed medical conditions to any new educators/coordinators to ensure they know the location of the child's medical management plan, risk minimization plan and medication.					
Parents are required to authorize administration of medic will complete an administration of medication record whe					
Parents are notified of any known allergens that pose a risk to the child and strategies implemented for minimising the risk are implemented.					
The triggers for the child's health care need, allergy	or medical condition (Specific foods/environmen	ntal etc.) are:			
1)	2)				
3)	4)				
5)	6)				
7)	8)				
What the Educator/Coordinators will do to minimise	e effect of triggers:				
1) The Educator will maintain effective supervision (during meal times to ensure no food is sha	ared.			
2) Tables, bench tops and utensils are cleaned befo	re and after eating.				
3)					
4)					
5)					
6)					
7)					
8)					

Choices Family Day Care Website: www.choicesfdc.com.au Email: office@choicesfdc.com.au 2021

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COMMUNICATION PLAN FOR: _____

Communication	Date	Educator Signature	Parent Signature
Example: Advised Mum that Child's medication is nearing expiry date	13.4.16	Matilda Koon	