



# Moree Family Support

Insert Child Photo Here

## MEDICAL MANAGEMENT PLAN

This form includes the child's Medical Management Plan, Risk Minimisation Plan and Communication Plan.  
This plan must be updated as least annually and updated with any changes as required.

<b>Childs Name</b>		<b>DOB</b>	
<b>Implementation Date</b>		<b>Review Date</b>	

**Details of child's condition** (Condition, symptoms, and triggers)

**Risk Management Plan** (Steps to be taken to minimise risk or exposure, including medication to be administered)

*Location of Plan:* .....

**Step by Step Action Plan**  
Attach action plan if relevant (ASCIA), Contact 000 in case of an emergency.

**Medication to be administered** (name of medication, dose and method of application, frequency of application, further instructions.)

*Location of Medication* .....

Do you agree to your child independently self-administer their own medication?  
*Education and Care Services National Regulations - Regulation 96.*

**Yes**    **No**

If medication will be regularly administered at school, the approximate time of administration will be

**Time:**

I confirm that my child can articulate the time of medication last administered to an Educator.

**Yes**    **No**



## Moree Family Support

Parent guardian (1) Contact Details		Parent guardian (2) Contact Details	
Name		Name	
Mobile		Mobile	
Work		Work	
Home		Home	
Signature		Signature	
Date		Date	

Permissions to display Medical Management Plan			
<p>I/ We ..... understand the privacy considerations revealed for my/our child ..... <b>provide permission</b> <input type="checkbox"/> <b>OR do not provide permission</b> <input type="checkbox"/> for my child's Medical Management Plan (or ASCIA Asthma or Anaphylaxis Action Plan) containing their name, photograph, and relevant treatment details to be displayed in staff areas, my child's room, and food preparation areas.</p>			
<b>Name:</b>		<b>Contact</b>	
<b>Signature:</b>		<b>Date</b>	

Medical Practitioner			
<b>Name:</b>		<b>Contact</b>	
<b>Signature:</b>		<b>Date</b>	
<p>Documentation provided by Medical Practitioner (attached):            .....  <b>Please note:</b> A separate medical management plan is to be provided by a Medical Practitioner for Diabetes and Epilepsy which must include a detailed action plan for the management and treatment of these conditions</p>			

COMMUNICATION PLAN			
Date	Issue Information Topic	Parent Name	Staff Name
<p><b>NOTES:</b></p>			
<b>Parent Signature</b>			
<b>Staff Signature</b>			



## Moree Family Support

COMMUNICATION PLAN (cont...)			
Date	Issue Information Topic	Parent Name	Staff Name
NOTES:			
Parent Signature			
Staff Signature			
COMMUNICATION PLAN (cont...)			
Date	Issue Information Topic	Parent Name	Staff Name
NOTES:			
Parent Signature			
Staff Signature			
COMMUNICATION PLAN (cont...)			
Date	Issue Information Topic	Parent Name	Staff Name
NOTES:			
Parent Signature			
Staff Signature			