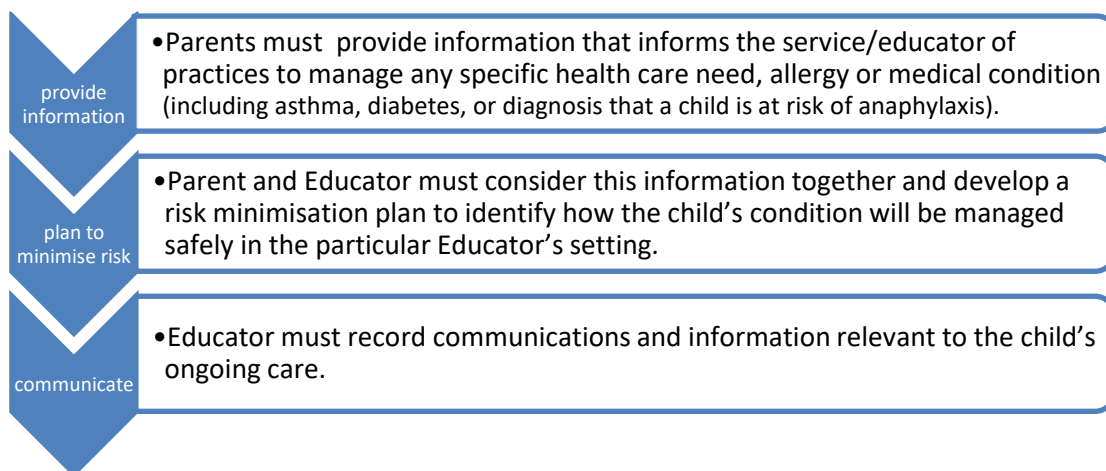Lake Macquarie Family Day Care
A Quality Education and Care Option for our Community
PH: 02 4921 0156
Email: familydaycare@lakemac.nsw.gov.au

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

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

provide information
- Parents must provide information that informs the service/educator of practices to manage any specific health care need, allergy or medical condition (including asthma, diabetes, or diagnosis that a child is at risk of anaphylaxis).

plan to minimise risk
- Parent and Educator must consider this information together and develop a risk minimisation plan to identify how the child's condition will be managed safely in the particular Educator's setting.

communicate
- Educator must record communications and information relevant to the child's ongoing care.

- **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

Please attach child's photo

- Is the child's condition: ☐improving ☐chronic ☐deteriorating

Describe how the condition / health need impacts the child:

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'.

- Does your child need any regular medication? ☐No ☐Yes

Describe:	Purpose:	How often / when?

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? ☐No ☐Yes	Who can provide this training? (name/organisation + contact details)

- Does your child receive any early intervention? ☐No ☐Yes

Describe:	Organisation/s:	How often / when?

- Other management / treatment? ☐No ☐Yes

Describe:	How often / when?

POTENTIAL RISKS

Potential health risks / alerts	What will reduce these risks?
(please indicate any particular potential risks for eg, sleep, meals, physical play, activities, etc)	(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.	

| Educator name | | signature | | date | |
| Parent name | | signature | | date | |

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