MEDICAL MANAGEMENT PLAN

This form is to be completed by the child's medical practitioner and provides a description of the health condition and first aid requirements for a child with specific healthcare needs. This information will assist the Service in developing a Risk Minimisation Plan, which outlines how educators and staff will support the child's medical needs. (Specific medical management plans for Anaphylaxis, Asthma and Diabetes may be used).

Child's Name:		D.O.B:	
Plan Implementation Date:		Review Date:	
Medical Practitioner Name:		Phone:	

Diagnosed medical condition:	Details, symptoms and triggers of medical condition:
Photo of Child	Step by step action to be taken:
Parent/Guardian contact details:	Medication to be administered (name of medication, dose and method of application, frequency of application, further instructions.)
Name: Mobile: Work Phone: Home: Signature: Date:	
Parent/Guardian contact details:	Steps to take if symptoms do not improve
Name: Mobile: Work Phone: Home: Signature: Date:	

Medical Practitioners Signature: _____ Date: _____

Nominated Supervisor Signature: _____ Date: _____