**COMMUNICATION PLAN- MEDICAL CONDITIONS**

**Asthma/Anaphylaxis /Allergies/Diabetes or other medical conditions**

Child Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical condition / Care needs

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Communication to Parents**

* Parents/guardians will be reminded prior to their child’s Ventolin/Epi-pen or any other medication that child uses on regular bases, is due to expire so they can replace it immediately.
* Parents/guardians will receive the Risk Minimisation form including Authorised Nominee for Medical Treatment details to review and sign and return at the start of each year with any new information they need to include. Parents/ guardians are encouraged to inform us about any changes of triggers.
* Review of child’s condition will be done every three months, review comments will be documented and signed by parent/guardian and educator (the last page of Risk Minimisation Plan)
* Parents/guardians will be provided with our Asthma/Anaphylaxis or relevant medical condition policy and in case of any changes to policies, parents will be informed immediately.
* Verbal communication about children’s health will be encouraged with parents on regular basis.
* For children with any medical condition it will be communicated to their parents that they need to bring in the relevant ASCIA action plan and medication prior to the child commencing care.
* It is understood, children whom require medication for medical conditions will not be allowed on the premises without their medication.

**Communication with Staff**

* Our educators, relievers, students and volunteers will be provided with a copy of our Medical Condition Policy and Nominated Supervisor will ensure they understand and implement the policy
* All relievers, volunteers and students will be informed about children with medical condition and shown their Management and Risk Minimisation Plans
* Ensure all educators maintain current Emergency Anaphylaxis management & Asthma management certification (Valid for three years & refresher every 12 months)
* The refresher will also include a reminder of the whole centre communication plans and roles and responsibilities during Medical emergencies and incidences
* Identification posters of children with medical condition, the management plan and Risk Minimisation Plan will be discretely displayed within rooms
* Ventolin /Epi-pen or any other medication that children with medical condition uses will be stored in their rooms. (expiry dates will be checked regularly)
* Every staff meeting staff reflect on children with medical conditions/dietary requirements and any changes.
* Each Risk Minimisation Plan is to have the expiry date of medication, staff are to review Risk Minimisation Plan with families every three months

I have read and understood the above Communication Plan and I agree to these arrangements, including the display of our child’s picture, first name, medication held and location, and brief description of allergy/condition on a poster in all children’s rooms and prominent places to alert all staff, volunteers and students. I agree that the above information on all forms is correct and current.

Parent/Carer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_