

# Medical Conditions Pack

Medical Condition(s):

Medication Supplied to LFK:

Location of Medication:

Child's Name:	Insert child's photo here
Condition Management:	

Emergency Contacts:		
Name	Relationship to Child	Phone

Action Plan and Medication Expiry Dates:	
Action Plan Expires:	
Medication 1:	Expiry:
Medication 2:	Expiry:
Medication 3:	Expiry:

# Lady Forster Kindergarten

## PART ONE:

### Medical Condition Communication Plan



Child's Name	
Parent(s)/Guardian(s)	
Date of Issue	
Last Updated	

*This Communication Plan for Medical Condition(s) sets out how:*

- *relevant staff members and volunteers are informed about the medical policies of the kindergarten; and the Medical Management and Risk Minimisation Plans for children at the Kindergarten who have a diagnosed health care need, allergy or relevant medical condition.*
- *A parent/guardian of the child can communicate any changes to the medical management plan and risk minimisation plan for the child.*
- *Separate Medical Packs are issued for Asthma and Anaphylaxis.*

PART A: Prior to attendance at the kindergarten	
Educators will:	Parents will:
Require a parent/guardian to provide a medical management plan for their child with documentation signed by a medical practitioner	Inform the Kindergarten of any diagnosed health care needs, allergies or any relevant medical conditions for their child. Provide a Medical Management Plan to LFK for their child.
In consultation with the child's parents, develop a Risk Minimisation Plan in relation to their child	Provide an Action Plan for anaphylaxis, allergy or asthma.
Record any prescribed health information and keep the Medical Management Plan, Action Plan (if applicable) and Risk Minimisation Plan on the enrolment record and in the child's medical emergency wallet in the Kindergarten room.	Provide a current photo of their child
Ensure any Medication Authorisation Form(s) are kept on the enrolment record and copies held in the child's medical emergency wallet in the Kindergarten room (with the medication)	Complete a Medication Authorisation Form if required.
Provide copies of all LFK medical-related policies to the parent(s)	Participate in the development of a Medical Condition Risk Minimisation Plan (Part Two)

## PART B: During attendance at the kindergarten

Educators will:	Parents will:
Monitor the health, wellbeing and safety of the child	Inform the service of any relevant changes relating to the nature of, or management of, the child's diagnosed health care need, allergies or relevant medical condition.
Regularly review the Risk Minimisation Plan for the child (each term)	
Ensure the parents are regularly asked to provide any updated information relating to the nature of, or management of, their child's diagnosed health care need, allergies or relevant medical condition.	
If necessary, ensure an updated Medical Management Plan or Action Plan is provided by the child's parents.	If necessary, provide an updated medical management plan or Action Plan for the child.
Ensure the practices and procedures of the child are inclusive of the child	

## PART C: At all times at the kindergarten

Regularly review (annually or in response to significant regulatory changes) all medical-related LFK Policies and Procedures to ensure best practice is maintained. The Medical Conditions Policy in place meets the requirements of <i>Regulation 90</i> .
Ensure the Nominated Supervisor, staff members and volunteers understand and implement the Medical Conditions Policy. (All policies are reviewed systematically at weekly staff meetings)
Review enrolment records and identify any children with medical conditions as part of the LFK enrolment and orientation procedures
Monitor the safety, health and well-being of all children being educated and cared for at LFK
Ensure all parents are regularly asked if their child has developed any diagnosed health care need, allergy or relevant medical condition.

## PART D: Communication of child medical information

All medical information relating to the child is held in the child's enrolment records.

All staff are briefed on children with medical conditions enrolled at the kindergarten for the coming year at the staff development day prior to the start of Term 1 each year. Medical information is checked with the families in the first week of each term and any changes to information is communicated by the Director to all staff at the weekly staff meeting. All staff sign the Child's Medical Plan at the beginning of the year and are briefed at staff meetings on any new children throughout the year. Any relief/temporary staff or volunteers are required to undertake an induction relating to children with medical conditions on site that day as part of their general induction into the kindergarten on arrival.

Each staff member knows where the Medical Action Bags for children and any associated medication or medical equipment are stored in the Kindergarten Rooms. All medical action bags/medications are taken with the staff/children during excursions and any emergency evacuation.

## PART E: Communication of child medication information

Medication for any child is generally stored in the Child's Medical Action Bag which hangs on the wall in the kindergarten room. For any medications administered daily, these are stored in a locked box in the Kindergarten Room or fridge as required.

Although regulations only require one staff member on site at any one time to be trained in first aid, LFK ensures ALL STAFF have current first aid qualifications and are trained in first aid according to the course requirements established by ACECQA (education regulatory body) This means that any educator can respond to any medical incident or emergency at any time on site.

All educators are briefed the child's medical condition and the medication authorisation and requirements regarding dosage, frequency and delivery of medication.

### Parent/Guardian Signature:

I have sighted and approved this *Communication Plan* for my child and any subsequent revisions.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

# Lady Forster Kindergarten

## PART TWO:

### Medical Condition Risk Minimisation Plan



PART A: Parent/Guardian to complete		
<b>Child's Name:</b>		
<b>Has Lady Forster Kindergarten been provided with the following information?</b>		
1	<b>EITHER:</b> Child's Medical Action Plan (anaphylaxis, allergy, asthma)	Yes/No
2	<b>OR:</b> Other supporting documentation from a medical practitioner that will assist in management of your child's medical condition	Yes/No
3	Current photograph of child	Yes/No
<p><i>A Medical Management Plan is required for children who suffer from asthma, diabetes or have been diagnosed at risk of anaphylaxis.</i></p> <p><i>A Medical Management Plan may also be required for other health conditions.</i></p>		
Has a Medical Management Plan been submitted for this condition if an Action Plan has not been provided?		Yes/No
Do you authorise display of the child's medical management/medication plan with photo in the emergency wallet on the wall in the kindergarten room?		Yes/No
Has a Medication Authority Form been completed if medication is required to be administered while the child is in attendance at the kindergarten?		Yes/No
Have you been provided with a copy of the Lady Forster Kindergarten <i>Medical Condition Communication Plan (Part One of this document)?</i>		Yes/No
Have you been provided with copies of the following Lady Forster Kindergarten Medical Policies?		Yes/No
4	<i>Administration of First Aid Policy</i>	
5	<i>Administration of Medication Policy</i>	
6	<i>Anaphylaxis Policy</i>	
7	<i>Asthma Policy</i>	
9	<i>Dealing with Infectious Diseases Policy</i>	
10	<i>Dealing with Medical Conditions Policy</i>	
34	<i>Enrolment and Orientation Policy</i>	
15	<i>Excursions &amp; Service Events Policy</i>	
18	<i>Incident, Injury, Trauma and Illness Policy</i>	
38	<i>Privacy &amp; Confidentiality Policy</i>	

**PART B: Parent/Guardian and educator to complete together**

Details of medical condition/health requirements:

Predominant known triggers for the medical condition and potential reaction(s):

Trigger:

Reaction:

How often does your child display symptoms or suffer reactions from the medical condition?  
*(e.g infrequent, occasional, monthly, weekly daily, when exercising, only on exposure to allergen etc)*

How do you as a parent/carer recognise the symptoms/reactions?

Is your child always able to recognise symptoms/reactions?

Yes/No

How can we minimise the risks relating to your child's health care needs/medical condition and what strategies can we implement to avoid triggers?

Risk	Strategy	Who is responsible

<b>Does the child's medical condition have implications for the kindergarten?</b>	
Does the medical condition impact on the child's capacity to attend the kindergarten and participate in routine activities?	Yes/No
Does the medical condition place limitations on the child's physical activity?	Yes/No
Need for rest and/or privacy	Yes/No
Need for additional emotional support	Yes/No
Behaviour management plan/strategies	Yes/No
Considerations for excursions, incursions and weekly beach/bush walk for 4 year olds.	Yes/No
Please provide details:	
Will it be necessary to adjust any of the usual practices of the kindergarten in order to be fully inclusive of this child? Does your child require additional support at the kindergarten?	
<b>Management of Emergencies:</b>	
Describe what constitutes an emergency in relation to your child's condition and the action to take if this occurs:	
Is medication required to be administered in an emergency?	
What is the response required if the child does not respond to initial treatment?	
At what point during an incident relating to the medical condition should an ambulance be called for assistance.	
How is an emergency to be managed if it occurs during an excursion or weekly beach/bush walk?	
Is a written request required to be sent to all families at the service to follow specific procedures to ensure the wellbeing of the diagnosed child?	Yes/No



Emergency Contact Details:			
Parent/Guardian Contact 1:		Parent/Guardian Contact 2:	
Name		Name	
Relationship to child		Relationship to child	
Home Phone		Home Phone	
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
Email		Email	

Emergency Contact 1:		Emergency Contact 2:	
<i>To be contacted only if parent/guardians cannot be reached</i>			
Name		Name	
Relationship to child		Relationship to child	
Home Phone		Home Phone	
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
Email		Email	

Medical Practitioner:	
Name:	
Medical Practice (Name/Location)	
Phone:	

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This Medical Risk Minimisation Plan has been developed in conjunction with the teacher at Lady Forster Kindergarten with my knowledge and input and will be reviewed at the commencement of each term or as required.

Parent/Guardian Name:

Signature:

Date:

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Teacher's Name:

Signature:

Date:

*I confirm that I have been briefed by Lady Forster Kindergarten in the details of this child's medical condition and management.*

*I have reviewed the Communication and Risk Minimisation Plan for the child.*

*I have also been instructed in the administration of any medication according to the Medication Authorisation Form provided by the child's parent/guardian.*

**Lady Forster Kindergarten Staff:**

<b>Full Name</b>	<b>Position</b>	<b>Signature</b>	<b>Date</b>
Allison Prasser	Director		
Liza Taylor	Teacher		
Erin Heapes	Teacher		
Angela Grall	Educator		
Kristie O'Shea	Educator		
Amy Zhang	Educator		
Helen Killeen	Educator		
Mary Jane Glasson	Educator		
Saara Bite	Educator		
Adric Small	Educator		