

Funny Days Kindergarten  
**Medical Management Form**

Child's Full Name:

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Child's Date of Birth:...../...../.....

Plan Implementation Date: ...../...../.....Next Review Date: ...../...../.....

This plan must be completed at least annually, and updated with any changes as required.

Details of Child's Condition (Condition, symptoms and triggers)

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Minimisation plan ((Steps to be taken to minimise risk or exposure, including medication to be administered)

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Location of Medication:

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**Action Plan**

(Step by step actions to be taken)

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## Emergency contact Details

### 1. Parent/Guardian Parent

Name:  
Mobile:  
Home:  
Work:  
Signature:  
Date:

### 2. Parent/ Guardian Parent

Name:  
Mobile:  
Home;  
Work:  
Signature:  
Date:

This plan is to be displayed in an area accessible by staffs that are responsible for your child's education and care. Your plan will be displayed in the.....To comply with the Education and Care Services National Regulations your consent is required. This information will not be used for any purpose other than to ensure the wellbeing of your child.

Name: .....

Signature:..... Date :...../...../.....

Medical Practitioner Name: .....

Phone: .....

Name of Documentation provided by Medical Practitioner (attached):

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Please note: 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.

## Communication Plan

Date: .....

- Relevant staff and volunteers have been informed about Funny Days Medical Conditions Requirements.
- Relevant staff and volunteers have been informed about this medical management plan and risk minimisation plan and know where to locate this plan in the case of an emergency. Refer to Medical Management Plan Informed Consent.
- Funny Days Medical Conditions Requirement (enrolment form) has been provided to the family.