Date:_____

Health Care Plan

(Please complete all sections marked with *)

*Name:_____

*Date of Birth:_____

*Concerns (please be as specific as possible):_____

_____

_____

*Management and/or Treatment:_____

_____

Outside Agency Involved (doctor/hospital etc.):_____

_____

The privacy laws protect personal and health information by setting standards on how it should be handled from collection to disposal. Medical Action Plans contain personal health information and is readily visible for other people who access our Service. We are required to inform our families and seek permission to display your child's Medical Action Plan/Health Care Plan in the child's room, staff areas and food preparation areas.

By signing this document, you provide permission for your child's Medical Action Plan and/or medical/dietary/cultural requirements to be displayed within the service (room, staff areas and food preparation areas) to ensure your child's safety at all times.

*Person signing Name:_____

*Signature:_____

Please be aware severe allergies, Anaphylaxis and Asthma require a Medical Management Plan from your child's doctor. All Health Care Plans require a Risk Minimisation Plan. Health Care Plans must be updated annually at the time of re-enrolment (for children), as per regulations.