

Health Care Plan

Date Created: _____ Next Review Date: _____

Child's Name _____

Date of Birth _____

Medical Condition, Allergy, Health Care Need or Requirement

- Asthma Allergy Anaphylaxis Diabetes Epilepsy
 Other condition or health care need or requirement (please specify)

Management and/or Treatment

- Management Plan or Action Plan from practitioner supplied
 No Management Plan or Action Plan required. Management and treatment details (please be as specific as possible):

Details of doctor, hospital or outside agency involved:

Parent/Guardian Acknowledgement

Privacy Laws protect personal and health information by setting standards on how it should be handled from collection to disposal. Health Care, *Medical Management and Action Plans* contain personal health information and are readily visible to other people who access our service. We are required to inform families and seek permission to display your child's Health Care, *Medical Management or Action Plan* in your child's room, staff areas and food preparation areas.

By signing this document, you agree to your child's Health Care, Medical Management and/or Action Plan Medical Action Plan and photograph to be displayed within the service (their room, staff areas and food preparation areas) to ensure your child's safety at all times.

Parent/Guardian Name

Signature

Parent/Guardian Name

Signature

Please be aware any child with severe allergies, Anaphylaxis, Asthma, Diabetes, Epilepsy or any other diagnosed medical condition which requires medication to be administered must also have a Medical Management Plan from a medical practitioner. All Health Care Plans for medical conditions of medical needs require a Risk Minimisation Plan. Health Care Plans must be updated annually at the time of re-enrolment, or when changes are identified.