Management of a Medical Condition Form





The information provided on this form will be placed into the child's Medical Management Plan which will be authorised by a parent or guardian.

Child's full name	d's full name		Date of Birth							
Date completed										
My child's diagnosed medical condition:										
The most common symptoms and triggers are:										
Does your child require regular medication to manage the condition? (please tick)										
If YES, provide details below including name and how to administer Yes				Yes		No				
If the condition is diet related, please provide detail below:										
My child CANNOT safely	eat									
My child CAN safely eat (including 'may contain tra	aces of')									
What are the risks associated with the medical condition?										
What actions do we nee	ed to take	to minimise risk?								
Please provide any other relevant information										

I have attached the following documents (if relevant)						
	Asthma Plan		Other medical plan			
	ASCIA (Anaphylaxis) Plan		Letter from GP			
	Medical Certificate		Letter from paediatrician			
	Other (please specify)					

Office use only

The Management of a Medical Condition Form is given out:

- At enrolment,
- During the mid-year and start-of-year updates
- When there are any dietary changes

If the child has a medical condition that **is managed by medication or needs to be medically managed**, a Medical Management Plan must be completed using this information, in collaboration with the child's registered medical practitioner and authorised by a parent or guardian.

Checklist (tick if needed and sign when completed)	Signed by NS	Date
DCC Management of a Medical Condition Form		
Meeting with family and cook and/or NS		
Medical Management Plan developed and signed by family / 0	GP	
Changes made to kitchen diet chart		
Child kitchen profile card developed and displayed in kitchen		
	Signed by Admin	Date
Enrolment entered into QikKids		