

Croydon Child Care Centre

Medical Management and Communication Plan

Confidential

To be completed by the prescribing Doctor and the Parent/Guardian for a child who required supervision of medication while in care.

This information is confidential and will be available only to supervising staff and emergency personnel.

To the Doctor

Please:

- _ Complete all sections of this form
- _ Schedule medication outside childcare centre hours wherever possible
- _ Be specific: **As needed** is **not** sufficient direction for the staff members – they need to know exactly when medication is required
- _ Nominate the simplest method. For example: Oral or 'puffer' medication is much easier to arrange than a nebuliser

Please note that childcare workers:

- _ Accept only medication which has been ordered by a Doctor and is provided in the original, fully labelled pharmacy container
- _ Do not monitor the effects of medication as they have no training to do this
- _ Are instructed to seek emergency medical assistance if concerned about a child's behaviour following medication.

Name of Child Date of Birth/...../.....

Will be able to resume childcare from/...../.....

Medication Instructions

Description of Medical Condition

Medication Name and form (eg liquid, capsule, ointment)

Dose and Administration Method

Times to administer medication _____

Any other instructions

Authorisation and release

Medical Practitioner
Address

..... Telephone

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

I have read, understood and agreed with this plan and any attachments indicated above.
I approve the release of this information to childcare staff and emergency medical personnel.

Parent/guardian Signature..... Date/...../.....