## Medical Management Plan: Allergies

### Child Details

**First name:** ______ **Last name:** ______

**DOB:** ______ **Age:** ______

### Signs & Symptoms

**Initial:** ______

**Severe:** ______

### What to do if a reaction occurs:

Refer to appropriate action plan – highlighted in the office

If severe, call an ambulance immediately on 000

### Contact names

*Parent / Guardian 1:*

**First name:** ______ **Last name:** ______

**Home Phone:** ______ **Mobile:** ______

*Parent / Guardian 2:*

**First name:** ______ **Last name:** ______

**Home Phone:** ______ **Mobile:** ______

*Doctor's information:*

**Name of clinic:** ______ **Doctor:** ______

**Phone number:** ______

*This plan has been developed In consultation with the Department of Education and Early Childhood Development*

extend

# Medical Management Plan

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**Authorisation for management plan to be followed**

I / We ___________________, being the mother / father / guardian of ______________________ hereby authorise any staff member of Extend (Australia) OSHC service to administer allergy medication to my child, if necessary. Medication provided by me will be kept at the OSHC service at all times.

**Beginning of each term:**

A meeting between the parent/s and staff must be scheduled to ensure that this Management Plan and medication provided are still applicable to the child's condition. Medication must be correctly labelled with the name of medication, child's name, dosage, circumstances for administration of it to child and within use by dates. Each party is required to sign the plan in the table below to confirm the above information is still current.

| | | | |
|---|---|---|---|
| Term: ___________________ | Term: ___________________ | Term: ___________________ | Term: ___________________ |
| Date: ___________________ | Date: ___________________ | Date: ___________________ | Date: ___________________ |
| Parent name: ____________ | Parent name: ____________ | Parent name: ____________ | Parent name: ____________ |
| Parent signature: __________ | Parent signature: __________ | Parent signature: __________ | Parent signature: __________ |
| Staff name: ______________ | Staff name: ______________ | Staff name: ______________ | Staff name: ______________ |
| Staff signature: ___________ | Staff signature: ___________ | Staff signature: ___________ | Staff signature: ___________ |
| Medication still valid: Yes / No | Medication still valid: Yes / No | Medication still valid: Yes / No | Medication still valid: Yes / No |

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