

## MEDICAL MANAGEMENT PLAN TEMPLATE

Medical Management Plan (MMP) template to be completed by the Coordinator/ Nominated Supervisor based on information received from the child's Doctor, medical practitioner; and/ or completed by child's Doctor.

All Educators are to be made aware of the Medical Management Plan and the location of medication.

Medical Management Plan to be filed in the Serious Medical Conditions Folder displayed at the service as a reference for all Educators and casual staff working with the children.

**Serious Medical Condition**.....

i.e. Anaphylaxis Diabetes Asthma Epilepsy

**Name of Child** ..... **DOB:**    /    /

**Signs and Symptoms of the Condition**.....

.....  
.....  
.....

**Actions to manage the medical condition/ symptoms presenting**

.....  
.....  
.....

Medication prescribed.....

Medication location (at service).....

**Note:** CC F20 Medication Authorisation and Medication Record to be completed by parent and attached to Medical Management Plan.

### Parent information (1)

Name.....

Relationship to child.....

Address.....

Daytime phone.....

Mobile phone.....

Signature.....

### Emergency Contact

Name.....

Relationship to child.....

Address.....

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Home phone.....

Work phone.....

Mobile phone.....

### Parent/ Guardian information (2)

Name.....

Relationship to child.....

Address.....

Daytime phone.....

Mobile phone.....

### Doctor/ Medical Practitioner

Name.....

Address.....

.....

Contact Phone.....

Email.....

Dr. Signature:

Date:    /    /    Review date:    /    /

*Photo of child*