



# MEDICATION MANAGEMENT PLAN

Insert  
Child's  
PHOTO

Parent/Guardian,  
Please attach a Management Plan prepared by your child's Doctor.

Any medication including over the counter medication must be accompanied by a Management Plan from your Dr. explaining the child's condition, symptoms and medication advice, to allow staff to administer.

Staff do not have the capacity to administer any medication without advice from an authorised practitioner.

**Child's Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_

**Medical Condition:** \_\_\_\_\_

## Possible Signs & Symptoms (Parent/Guardian to fill in)

<u>Symptom:</u>
<u>Action:</u>
<u>Medication Required &amp; Dosage:</u>
<u>Symptom:</u>
<u>Action:</u>
<u>Medication Required &amp; Dosage:</u>

## Contact Names

	<u>Mother</u>	<u>Father</u>	<u>Doctor</u>	<u>Emergency Contact</u> (if unable to contact parent/doctor)
<u>Name</u>				
<u>Phone (H)</u>				
<u>Phone (W)</u>				
<u>Mobile</u>				

## Authorisation for Management Plan to be followed.

I hereby authorise any Staff Member of Camp Australia OSHC, to administer \_\_\_\_\_ medication as required.

Medication within its use-by date *will be kept at school at all times/will be brought in each day* that my child attends OSHC. (Eliminate non relevant statement)

PARENT / GUARDIAN SIGN: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

## What to do if a reaction occurs

1. Administer medical procedures according to management plan prepared by the child's treating doctor

2. Call an Ambulance. Dial **000**