

## 2.7.1 Ongoing Medical Condition or Allergy Procedure

If a child attends the centre and has a known allergy or medical condition:

- A Risk Minimisation Plan must be complete and kept in the child's room, in folder with the child's action plan on the front, placed on the prep room wall.
- All children with an allergy will be served food on a red plate
- All children with an intolerance or allergy to dairy will have a red band around their bottles and or water bottle
- All children with an allergy or intolerance will have their name written in red on their hats to identify them
- All children with asthma will be written in blue on their hats to identify them
- All children with an allergy or intolerance will be written on the food trolley and kitchen awareness books
- If the child has Asthma puffer or Epi-pen then devices will be put into a blue bag for asthma or a red bag of Epi-pen. Then hung in the prep areas of the child's room, with an Action Plan Envelope which contain the Minimisation Plan and Communication form inside. Along with any other details.
- Please be aware all Educator's working within the room must be aware of the Action Plan and risks.
- All food allergies or intolerances must have a doctor's letter to support it.
- Any information to display, must be completed and signed by the parent. Then displayed in the child's room, the staff room and the Kitchen.

The below forms are created by Admin, signed off by Parents and displayed in the child's prep room

Child Medical Condition Details	
Child's Name	
Date of Birth	
Room	
Medical Condition	
Medication	
Storage Location	
Parent Name	
Phone Number	

Know Triggers (Treatment as per Asthma, Allergy/Anaphylaxis or Diabetes Action Plan)

Trigger	Frequency/Severity

Strategies to Avoid Triggers

Risk	Strategy	Person Responsible

This Medical Condition Risk Minimisation Plan has been completed collaboratively with parents and will be reviewed on an annual basis or when notified of a change of the medical condition by the parent or medical practitioner.  
Parent has been issued with a copy of the Medical Conditions Policy.

Parent/Guardian Signature:	Date:
Director Signature:	Date:
Room Educator Signature:	Date:
Room Educator Signature:	Date:
Room Educator Signature:	Date:

Child Medical Condition Details	
Child's Name	
Date of Birth	
Room	
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Medication	
Storage Location	
Parent Name	
Phone Number	

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Parent has been issued with a copy of the Medical Conditions Policy.

Parent/Guardian Signature:	Date:
Director Signature:	Date:
Room Educator Signature:	Date:
Room Educator Signature:	Date:
Room Educator Signature:	Date:

## Child Awareness Form

Child's Name: Pippa Halstead

Date of Birth: 09/01/2016

Room:

Attendance: Thursday, Friday



### Action Plan

Make child comfortable



Administer EpiPen



Send for Help

Director  
Ambulance  
Parents



EpiPen located:  
In Eucalyptus Prep room on glass wall  
in red labelled bag.

Parent Signature to display in room: .....

Date: .....

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## Child Awareness Form

Child's Name: Amber Henry

Date of Birth: 04/03/2015

Room: Banksia

Attendance: Wednesday, Thursday, Friday



### Action Plan

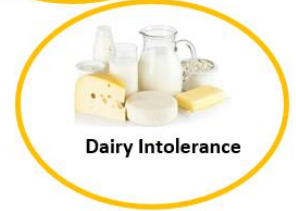
Make child comfortable



Send/ Apply  
Basic



Contact parent



Parent Signature to display in room: ..... Date: .....

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## Child Awareness Form

Child's Name: Darrel Harrison

Date of Birth: 05/11/2014

Room: Banksia

Attendance: Tuesday, Wednesday,  
Friday.

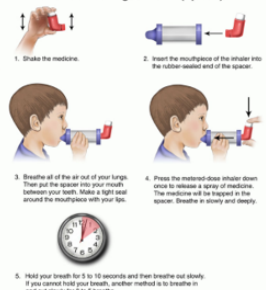


Puffer and Action

Plan located:

In Prep room in a blue  
labelled medical bag

### How to Use a Metered-Dose Inhaler with a Valved Holding Chamber (Spacer)



Step 1

Apply first aid

Send for help

Director/Parent/000

Step 2

Make Child comfortable  
until help arrives

Step 3

Fill in illness form

Parent signature to Display photo: ..... Date: .....

awareness Oliver Browne.docx