



Merinda Park Learning & Community Centre Inc

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Medical Communication Plan

As parent/s or guardians of _____, I will inform MPLCC as soon as possible to any changes to my child’s Medical Conditions and Management Action Plan.

Medication must be correctly labelled with the name of the medication, child’s name, dosage, circumstances for administration of it to the child.

Each party is required to sign the plan in the table below to confirm the information on the Medical Conditions and Management Action Plan is still current. If there are changes to be made, please fill out the details below and complete a new Medical Conditions & Management Plan and/or new Medication Authorisation Form.

Date	Term 1: / /	Term 2: / /	Term 3: / /	Term 4: / /
1. Has there been any change to the child’s medication and/or medical condition?	Yes / No	Yes / No	Yes / No	Yes / No
2. Is medication still valid?	Yes / No	Yes / No	Yes / No	Yes / No
If you have answered Yes to question 1, please complete the following questions.				
3. Has a new Medical Authorisation Form be completed?	Yes / No	Yes / No	Yes / No	Yes / No
4. Has a new Management Action Plan been completed?	Yes / No	Yes / No	Yes / No	Yes / No
5. Have the new forms been handed to the Co-ordinator?	Yes / No	Yes / No	Yes / No	Yes / No
Parent Signature				
Staff Signature				

Please ensure a new Medical Conditions & Management Action Plan and/or Medication Authorisation Form is completed.