



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 Action Plans are still current. If there are changes to be made, please fill out the details below and complete a new Action Plans 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 Action Plan been completed?	Yes / No	Yes / No	Yes / No	Yes / No
5. Have the new forms been handed to the Children’s Services Manager or Educator?	Yes / No	Yes / No	Yes / No	Yes / No
Parent Signature				
Staff Signature				

Please ensure a new Action Plan for Anaphylaxis, Asthma, Eczema, Medical Condition and/or Medication Authorisation Form is completed.