

## Medical Communication Agreement

This plan has been developed between Ali Dick (Director) and \_\_\_\_\_ to outline the avenues of communication between families and the OSHC service and to ensure that all parties involved are aware of the **Medical Conditions Policy**.

Communication about the management of diagnosed medical conditions	Details	Timeframe	Person Responsible	Initial
Families	<ul style="list-style-type: none"> <li>Families are verbally informed about how the service manages the Medical Conditions Policy</li> </ul>	On enrolment	Director/Responsible Person	
Service Employees	<ul style="list-style-type: none"> <li>Educators are informed about the services procedures and policies in relation to managing children with diagnosed medical conditions</li> <li>Educators are aware of the children who are identified within the service</li> <li>Educators are familiar with the Health Action Plan and the Risk minimisation</li> </ul>	Orientation process  Ongoing	Director/Responsible Person  Director/Responsible Person/Educators/Families	
Families of children who have been diagnosed with a medical condition	<ul style="list-style-type: none"> <li>Implement all strategies identified in the Management of Medical Conditions Policy</li> <li>Families are encouraged to communicate with educators about their child's individual needs</li> </ul>	Upon learning of the condition and then annually or earlier if required	Director/Responsible Person/Educators/Families  Families	
Families of children who have been diagnosed with a medical condition and require medication at OSHC	<ul style="list-style-type: none"> <li>Families are aware that the child is unable to attend OSHC without their prescribed medication</li> <li>Medication must be in original packaging with correct dosage instructions</li> <li>Medication must be in date</li> </ul>	As required	Director/Responsible Person/Families	

Your child \_\_\_\_\_ will have their photo displayed and plan in an area accessible for all staff responsible for their education and care. To comply with the Education and Care Services National Regulations your consent and agreement to the above communication plan is required.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_