



Berry Springs Childcare

Quality learning through discovery

COMMUNICATION PLAN

Details		
Child's name:		
Date of Birth		
Address:		
Phone:		
Parent/Guardian's name:		
Additional needs/ Medical condition details:		
Does your child require assistance to complete tasks?	Yes/No	If YES, please provide details:
Is your child at risk of a life-threatening reaction due to their medical condition?	Yes/No	If YES, we require a copy of the medical emergency plan provided by treating doctor/ paediatrician. If NO, what first aid must be administered to your child in an emergency?
Are there any activities that your child cannot do or that you would prefer they did not participate in?	Yes/No	If YES, please provide details:
Does your child have difficulty communicating?	Yes/No	If YES, please provide details:
Do you wish to discuss the educational programs in place with staff?	Yes/No	If YES, please approach director or room co-ordinator to discuss.
Any other information:		
Parent/ Guardian signature:		Date:
Centre Director signature:		Date:



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Who to call? The centre will follow the steps outlined in the medical risk minimisation plan and/or action plan, however, in the case of an emergency, please nominate in order who will be the best person/s to contact:

Name	Relationship to child	Contact number 1	Contact number 2

Checklist for the communication plan for _____

Actions to be completed by centre:		Actions to be completed by parents	
OHS representative will ensure all educators, staff (including cook), volunteers and students are aware of and understand the additional needs/medical conditions for this child		Medical risk minimisation plans and action plans are correct and current to ensure the correct information is provided to the centre	
Medical Risk Minimisation Plan and Action Plan is fully completed and visible to all educators (both above food preparation areas and on staff room ALERT wall)		If medical condition is food related, provide the centre's staff with information about their child's requirements and menu alternatives	
The nominated supervisor will communicate with educators and staff any changes to the child's medical condition		A risk minimisation plan has been developed in consultation with family and centre	
Medication will be stored in locked medication box in the fridge or in the locked medication cupboard		All medications required will be on premises at all times child is in attendance.	
Medication needs to meet the policy requirements		Medication will be prescribed by a doctor, in date, clearly labelled	
The OHS representative will ensure the medical risk minimisation plan, action plan and communication plan are reviewed annually or when changes are identified		The medical risk minimisation plan, action plan and communication plan will be reviewed annually or when changes are identified	



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I _____ have discussed the details of my child's medical risk minimisation plan, action plan and communication plan with the Nominated Supervisor or OHS representative at Berry Springs Childcare, and I agree to the medical risk minimisation plan, action plan and communication strategies outlined above being implemented for my child. I will provide Berry Springs Childcare with any new information regarding my child's medical condition/additional needs immediately.

I also give permission for this information (including a current photo of my child) to be prominently displayed in the child's room and on the ALERT wall in the staff room.

This plan will be reviewed annually or when changes are identified. The next planned review date is:

Thank you for your assistance in ensuring that we are able to provide the best care possible for your child.

Parent/Guardian of Child's Signature

Date

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When receiving updated information my families' staff need to fill out the following table with the information and have the parents sign alongside yourself. This information needs to then be communicated to all staff.

Date	Information	Parents Signature	Staff Signature

