

Preschool health care plan

<Child name>

<School name>

Before you fill in the form

If your child has medication prescribed by a medical practitioner, you will need to refer to the [Administration of medications to students with notified medical conditions policy¹](#).

Note: The Education and Care Services National Law requires that a child is unable to attend preschool without their prescribed medication.

All fields must be completed. Fields marked with caret (^) are health care team use only.

Plan details				
Child's name				Insert photo of child
Date of birth		Male/Female	M/F	
Parent/guardian name 1				
Parent/guardian name 2				
Phone				
Address				
Plan start date		Plan review date		

¹ <https://education.nt.gov.au/policies/health-of-students/medications>

Attendance details				
Attendance day and session times, for preschool children	Monday	Yes/No	Time:	
	Tuesday	Yes/No	Time:	
	Wednesday	Yes/No	Time:	
	Thursday	Yes/No	Time:	
	Friday	Yes/No	Time:	

Section A: Parents must complete this section. Please advise of any changes relating to your child's condition.

Diagnosed medical condition, allergy or health care needs details	
What is the diagnosed condition, allergy or health care need?	
What are the risks or triggers associated with the medical condition, allergy or health care need?	
Does your child have any medication prescribed by a medical practitioner?	Yes/No If yes, please refer to the Administration of Medications to Students with Notified Medical Conditions policy¹. You will also need to complete the relevant forms outlined within this policy to ensure the school has permissions and details for administering required medication. Note: The Education and Care Services National Law requires that a child is unable to attend preschool without their prescribed medication.
What response is required in the event that symptoms of the medical condition emerge?	

What response is required if your child does not respond to initial treatment?	
At what point should an ambulance be called?	

Section B: Health care team to complete in consultation with parents.

Health care team to complete^		
Where is the medication located?^		
Specific communication requirements for the child's parent, staff and volunteers ^		
How will changes to this plan be communicated? ^		
Risk minimisation plan^		
RISK^ What are the potential risks?	RESPONSE^ What actions and strategies will reduce and prepare for the risks?	RESPONSIBILITY^ Who is responsible for implementing the response?

Parent/guardian signatures			
Name			
Signature		Date	
Name			
Signature		Date	
Principle and teacher signatures			
Name			
Signature		Date	
Name			
Signature		Date	

Further information

This plan will be made accessible to staff who are responsible for your child's education and care. This information will not be used for any purpose other than to ensure the wellbeing of your child. Return or email the completed form to your child's school.

Collection notice

The information collected in this form will only be used for the purpose for which it is being collected. All information will be treated confidentially, stored in a secure location, and destroyed in line with legislated retention and disposal schedules to ensure that every students' right to privacy is maintained. For more information, go to the Department of Education's [Policy and Advisory Library](#) and read the Privacy Policy.