



Email: littlejoeys@cbcc.qld.edu.au phone: 5446 3981 or 0466 579 205

**Individual Health Management Plan**  
**National Regulations Division 3 90,91, 94**  
**NQS 2.1**

Name:
DOB:                      Medicare Number:
Signs and Symptoms:
Photo of child:
Medication(s) at school:  Located:

Medical conditions:
Details:
<u>Emergency Care procedure:</u>
<p><b>Please include information about</b></p> <ol style="list-style-type: none"> <li>1. when it occurs</li> <li>2. what treatment or care is needed and when</li> <li>3. special circumstances (can the child share birthday cakes, or icy poles from the tuckshop or instructions- child must wear insect repellent when outside)</li> </ol>

CONTACTS	Parent with whom the child lives	Parent/Carer 2	Medical Practitioner	Emergency Contact 1	Emergency Contact 2
Relationship			Doctor		
First name					
Surname					
Home phone					
Work phone					
Mobile phone					
Signature					
Date					
<b>Information attached</b>	Medication permission  Medication supplied	asthma plan  anaphylaxis pln  other plan	Instructions from your doctor	Other documents. Please specify	
Date Plan prepared:	Communicated to staff/volunteers How? when?	Plan Updates Communicated by: Parents/Staff/medical practitioner? Method of Communication			
This plan will be reviewed annually and after an incident	Review dates:	Director:	Parent:		



**Individual Risk Minimisation Plan**

Regulation 90 94 96

<i>Name of child</i>			<i>Date of birth</i>	<i>Condition</i>	
<i>Elimination/Control Measures</i>	<i>By who</i>	<i>When</i>	<i>Signature/Date</i>		