**Communication plan:**

|  |  |  |
| --- | --- | --- |
| **Child’s name** | **Child’s date of birth** | **Child’s medical condition** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Plan or policy** | **Name of educator**  | **Signature of educator**  | **Date plan was read and provided to parents** |
| Medical management plan (attached) |  |  |  |
| Risk minimisation plan (attached) |  |  |  |
| Communication Plan (sighted) |  |  |  |
| Keon Park KindergartenMedical conditions policy provided to family (located on Kindergarten website) |  |  |  |

**Family Communication agreement:**

I ……………………………..………… agree to communicate and collaborate with the lead educator of my child’s group at Keon park Kindergarten with regard to changes to any of the above mentioned medical management plans and/or changes to the medical condition for my child (named above).

I agree to do this in the manner selected below:

🞏 At the beginning of each term

🞏 Every six months

🞏 Annually (at the beginning of the year)

🞏 When any changes occur or are made

Signature ………………………………………………..

Date …………………………