



17 Brunswick Street
Ballina NSW 2478

Phone: 02 6686 7799
Fax: 02 6686 4093

admin@fdcballinabyron.com.au
www.fdcballinabyron.com.au

ABN: 85 676 459 681

Special Health Needs Support Plan.

Confidential.

To be completed by the child's General Practitioner or Specialist Health Professional or if the child has received medical/dental treatment for a child requiring additional care/supervision related to his or her health or wellbeing. This information is confidential and will be available only to supervising staff and emergency medical personnel.

Child's Name:..... Date of Birth.....

Description of the condition:

It is not necessary to provide a full medical history. Educators/Staff members need to know information relevant only to the child's attendance, learning and care at the family day care service.

.....
.....
.....
.....

Management issues for education and care service.

Please include only information educators/staff will need to care for the child, for example:

- Impact on capacity to attend and participate in routine learning activities
- Limitations on physical activity
- Need for rest/privacy
- Need for additional emotional support
- Behaviour management plan
- Considerations necessary for excursions

.....
.....
.....
.....

First Aid:

If a child becomes ill or is injured, educators/staff will administer first aid and call an ambulance if necessary. If you anticipate this child will require anything other than a standard first aid response, please provide detailed written requirements so special arrangements can be negotiated.

.....
.....
.....

Doctor's Signature:: Date:

Surgery Stamp needed here