DAISY LEARNING CENTRE

PARENTS’ HANDBOOK 2015

Telephone Numbers  97189119
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After hours      0468931284
Email: daisylearningcentre@yahoo.com.au or daisylearningcentre@gmail.com
ABN: 801 280 031 45

Address    2 Tennyson St
            Campsie  NSW 2194

Hours        7.30am-6.00pm

Daisy Learning Centre operates:
       Monday to Friday
       From 7.30 am – 6.00 pm
Dear Parents,

Welcome
to Daisy Learning Centre.
We are a privately owned centre operated by Daisy Children Services Pty Ltd and the Company Directors are Susan Shan and Roger Hu
Our aim is to provide an exceptionally high quality level of care and education for each and every child placed into our early childcare service.

Daisy Learning Centre is a 36 place centre for children aged between 2 to 5 years of age. The Centre is licensed by Community Services and accredited by ACECCQA in all areas of early childhood education and care.

We do our utmost to develop each child’s potential at their own pace during this most important part of their early childhood years. Our loyal and dedicated educators aim to provide a warm, secure and welcoming environment full of interesting experiences, and discoveries based on the children’s interests.

Searching for and starting childcare can be a frustrating and challenging experience for parents, but you should know that these feelings and anxieties are normal. Here at Daisy Learning Centre you should feel free to express and discuss your child’s progress and any other concerns you may have.

We are devoted to improving continually the care and education we offer to children so if you have any suggestions please feel free to share them with us. Your comments create a positive change for the environment of those we care for, the children.

We thank you for selecting our centre and service for your early childhood needs.

Our Mission
MISSION STATEMENT
Daisy Learning Centre is dedicated to meeting the needs and expectations of all families by providing quality education and care in a warm, safe, supportive and stimulating environment which will enable all children to reach their optimum potential. Our teaching reflects current early childhood theories and philosophies, and each child is fostered in a safe, caring and facilitating manner and parents and community are an integral part of the programme.
Our Philosophy

At Daisy Learning Centre we believe in providing a safe, stimulating, caring and natural environment for children by nurturing each child’s sense of belonging, being and becoming.

We believe that each child is a unique individual and that all children possess rights and responsibilities. We believe all children have the ability to build up their own sense of agency, independence and confidence throughout educators and children’s positive interaction, activities and routines.

We recognise that to enhance children’s early childhood learning potential, play is integral to the way in which children learn and we support this through our inclusive programs and ongoing reflective practice.

We respect the diversity of families and communities, and their aspiration for children. We promote greater understanding of Aboriginal and Torres Strait Islander and continually building our local community knowledge and develop learning community.

Our curriculum decisions are made by children, parents, educators and respond to children’s, families’ and local communities’ lives. Daily programs and routines are based on each child’s current knowledge, interests, cultural background and abilities together with families’ contribution and educators’ intentional planning & teaching.

We support and encourage open and consistent communication and partnership with parents and sharing of knowledge and skills, to support them in their primary role as caregivers and providing effective continuity of care between home, the community and our centre for each child, and building a bridge for developing the children’s holistic wellbeing.

We will work together, educators, children and parents, to ensure sustainable practice is embedded in our practice and the centre’s equipment, materials and hygiene practices are met and maintained, for the health, safety, and well being of all who attend and visit the centre.

Daisy Learning Centre will provide educators who are welcoming and understanding. They will also be experienced and qualified to tend to the needs of the centre, children and their families, as well as the community, to provide high quality care in accordance with the EYLF 2010 through their ongoing professional training and reflective practices.

We aim to provide fresh, healthy and nutritious meals and snacks that meet the dietary requirements and also reflect diverse backgrounds of our families, while ensuring safe food handling and hygiene practices are met.

Our Vision

Daisy Learning Centre will:

• Provide a safe, loving, happy and nurturing environment for children and their families.

• Be respectful and responsive to the needs of children, families, staff and communities.

• Create a learning community with involvement of all stakeholders to provide high quality early childhood education and care for the best interest of children.

Quality Assurance
Daisy Learning Centre has been involved in the National Quality Standards Rating System and the Early Years Learning Framework (EYLF). We continually review our practices and policies and look to improve the service we provide to children and families. A copy of the new National Quality Standards and ELYF is available for parents to read.

Our participation in the NQS Rating System is to ensure that the service practices are always at a very high standard and an evaluation on the quality of the Centre’s practices is made by the Council.

**Storage of hazardous substances/inaccessibility to children**

Any dangerous chemicals or hazardous substances at the centre will be stored in a locked area or be inaccessible to children and a Safety Data sheet is available for First Aid.

**Our Educational Program**

At Daisy Learning Centre our programmes reflect:

- An environment and experiences that are based on children’s interests and observations, and reflect the Early Years Learning Framework, and Reggio Emilia approach style of teaching which includes each child’s individual strengths, needs, and interests.
- An environment and experiences that are culturally and religiously relevant, non discriminatory and develops the child’s overall wellbeing.
- Activities that reflect the community in which the centre is based.
- Opportunities for large groups, small groups and individual experiences.
- Opportunities for structured and spontaneous experiences.
- Opportunities for children to select experiences freely.
- A balance of indoor and outdoor experiences.
- A wide range of experiences that foster all the EYLF Learning Outcomes
- A school readiness program for 3-5 year olds.
- Opportunities for family, community and the centre input.
- A safe, secure, caring, positive and supportive environment that children, families and educators enjoy to be in.

We have incorporated a new curriculum into our centre as part of the government’s new Education and Care Services National Regulations 2011. the Early Years Learning Framework and the National Quality Framework and National Quality Standard (NQS) which forms the basis of the new accreditation process and has commenced from January 2012.

Our educational program will contribute to the learning outcomes for each child such as:

- The child will have a strong sense of identity
- The child will be connected with and contribute to his or her world
- The child will have a strong sense of wellbeing
- The child will be a confident and involved learner. We want parents to have an important involvement in their child’s learning.

Portfolio books are kept for each child to record their progress. It will include photographs, learning stories, records of the child’s work and your input.

**Children Learn What They Live**

Printed : 6.11.13
A child who lives with criticism learns to condemn.
A child who lives with hostility learns to fight.
A child who lives with ridicule learns to be shy.
A child who lives with shame learns to feel guilty.
A child who lives with tolerance learns to be patient.
A child who lives with encouragement learns confidence.
A child who lives with praise learns to appreciate.
A child who lives with fairness learns justice.
A child who lives with security learns to have faith.
A child who lives with approval learns self-worth.
A child who lives with acceptance and friendship learns to find love in the world.

Daily Routine

Welcome to our day
7.30 am
Families begin to arrive and share information with staff (this continues throughout the day depending on each family’s agreed hours).
Children are encouraged to wash their hands on arrival.
Parents please apply sunscreen to their child.
Indoor free choice activities are available for the children.

8.00 am
Wash hands for progressive breakfast
Fruit, variety of breakfast e.g. toast, muffins, pikelets, cereals, oats etc and milk or Milo provided by the centre.

9.00am
Children transition to outdoor play if weather permits.
Flexibility enables children to choose, to continue, to return to activities or be part of planned experiences.

10.30 am  Indoor play experiences

11.45 am  Planned group times with children.

12.00 pm
Lunch
Children are encouraged to tidy up.
Wash hands for lunch. Serve their own food, scrape their own plates and pour their own drinks.
Centre provides a healthy lunch for children, and water. At times children may eat lunch in the outdoor area of the centre as a picnic.
12.30 pm
Sleep/quiet time.
Quiet activities available for non-sleepers.
School readiness program.

2.30 pm
Children wake up.
Shoes and socks on/quiet activities provided

2.45 pm
Afternoon Tea
Wash hands for afternoon tea.
Fruit, vegetable, bread, cheese and milk etc provided by the centre.

3.00 pm – 5.30 pm
Indoor/outdoor, free play, planned experiences. (weather permitting)
Information exchange between educators and families regarding the child’s day as families commence to depart.
(Information sharing continues throughout the day depending on each family’s agreed hours).

5.35 pm
Snack
Wash hands for snack and water provided by the centre.

6.00 pm
Centre closes.

Parents get a snapshot of what their child/children have been doing during the day by viewing our daily diaries on power point on the computer in each room.

During winter our indoor play times for mornings rotates with outdoor play time. The children have indoor play first before going outside at about 10.30 am.
*Nappies are changed and the toilet used on a needs basis not just at routine times.

Company Structure
Company Directors - Daisy Children Services P/L
Susan Shan and Roger Hu

Daisy Learning Centre Staff

Susan Shan- (Bachelor of Teaching)- Company Director/Centre Director/Educational Leader/ (Fluent in Mandarin)

Gina Kang- Bachelor of Education/Nominated Supervisor/3-5 room Educator (Fluent in Korean)

Ruth Griffin- Diploma of Children's Services/ 3-5 Room Educator

Justine Tao- Diploma of Children’s Services/Certified Supervisor (Fluent in Mandarin & Cantonese)

Jacinta Freitas (Cert III trained) 2-3 Room Educator (Fluent in Portuguese) Certified Supervisor

Part time staff:
Mary El Achrafi- Certified Supervisor/Diploma trained (Fluent in Lebanese/Arabic)
Lina Lawrence (Cert III) (Fluent in Indonesian)
Niru Mane (Cert III) (Fluent in Hidu)

Safeta Hagimola (Qualified Chef/Cook)/Food Safety and Menu and Nutrition trained (Fluent in Albanian)

Financial bookkeepers:
Barrie Ayres -Fee accounts
Sheren Li - Payroll

All Complaints should be directed to Susan Shan on 9718 9119 or 0432 810 282.
The Contact details for ACECQA- the Regulatory Authority is 1800 181 088

All full time staff on duty at any time will hold a current First Aid/Emergency Asthma and Anaphalaxis certificate and receive constant updates on health and safety issues.

Fees, Bond and Statements
Current Fees
2-5 years of age $ 94 per day.
The centre operates 50 weeks of the year (closed for two weeks at the end of December and early January)
An enrolment bond equivalent to two weeks’ full fees is held by the centre and only refundable if full settlement of all fees is made within 10 days of the child/children leaving the centre.

A statement will be issued every Tuesday (or Wednesday, especially if Monday is public holiday). Statements show charges for attendance, support payment from Centrelink (CCB and CCR) and gap fees which parents need to pay, only for the previous week, as our computer is linked with the government's computer, and we can only see what support payments have been made the following week. As fees are payable in advance, negative balances will show that an account is out of order.

Method of Payment
Fees may be paid by cash, cheque, money order, internet banking and deposit book.
Cash payments must be written in our cash payment book in the Frog Room and then money placed in the fees box. Cheques can also be placed in the fees box. Any cheques dishonoured will incur the extra costs which are passed to us.
If paying by internet banking, please have your child’s given name (the name used in the Centre) first in the reference. Our accounts are kept in the children’s given names. Please pay to Daisy Children Services P/L BSB: 032-062 Account: 280630

Late Payment of Fees
The Centre Director has the authority to re-evaluate a child’s enrolment position in the Centre if fees continue to remain unpaid for two or more weeks and no discussion or agreement to pay has been arranged. Your child’s placement may also be withdrawn where an enrolled child is absent from the Centre for two weeks or more without prior notice given.

Fees for the late collection of children
Our licence only allows for children to be in the centre from 7:30 am to 6:00 pm. Parents and guardians/authorized persons collecting the child must arrive at the centre by 5:50 pm. at the latest, and have left the premises by 6:00 pm.
If unavoidably delayed, please contact the centre and advise the staff. Please try to arrange for someone else to pick up the child. Two staff members will stay with your child until collected.

A late fee of $20.00 for the first fifteen minutes after 6pm will be charged. After 6:15 pm, the charge will be at the rate of $1 per minute. The fine is calculated to the time that the child exits the centre. Parents will be asked to sign a late pick up form and the fine is then debited to their fees account.

Child Care Benefit or CCB/Child Care Rebate or CCR
Once you have filled and lodged your child’s enrolment form with the Centre Director you can apply for the Child Care Benefit and/or Child Care Rebate as well as JET or Special Benefit through the Family Assistance Office/Centrelink.

Once your application has been received and processed by Centrelink, a letter will be forwarded to you.

Please note:

a) The Child Care Benefit will only be available to families from the date stamped on the application by the Family Assistance Office. The full fee is payable by the parents to Daisy Learning Centre for any period where a Child Care Benefit payment has not been received by the Centre, or if a child leaves the centre and does not return.

b) The parent is obliged to contact the Family Assistance Office/Centrelink if there is any change to his or her circumstances that may have a bearing on the amount of fees to be paid and their eligibility for any subsidy.

Child Care Benefit information is confidential and is seen by the Director and bookkeeper.

The CCB is based on an approved hourly fee, not on our centre fee, and so it can be quite complicated to work out what your reduced fee will be. For example, 100% Childcare Benefit does not mean that you do not pay any fees! Please read our account statements carefully.

Sign in/out sheets and Absences

Sign in/out sheets are legal documents and must be signed daily.

If your child is unable to attend the centre for any reason, normal fees are payable. This includes all sick days and public holidays but does not include the 2 weeks closure at Christmas.

Absences

Child Care Benefit pays for 42 days of absence for each child per financial year. Allowable absences can be taken for any reason i.e. family holiday, religious leave, school holidays etc. If your child exceeds the forty-two allowable absences, full fees will be payable for every absence thereafter.

Please note that the payment of CCB/CCR is between the parent account holder and Centrelink. Our staff may be able to advise - but it is your negotiation with Centre Link that is needed.

Withdrawal from Care

Parents/guardians intending to withdraw their child must provide notice in writing:

- **During the first three months in care** - four weeks’ notice in writing is required for the withdrawal of a child from care within the first three months of starting.

- **The end of the calendar year** - four week’s notice in writing is also required for the early withdrawal of a child after 20th November, as the filling of places becomes extremely difficult at this time.

- **Other times** At times other than those shown above, two weeks’ notice in writing of the withdrawal of a child is needed.

Please remember that fees are paid to book a place for the child. “Daisy” relies on its fees to offer the quality care it provides.

- **“Daisy”’s discretion** Our aim is not to penalize parents, and so special cases may be treated sympathetically, and if vacancies can be filled by other children, then leaving costs may be reduced.
If due notice is not given, then full fees will be due to be paid for a child who leaves, until a place is filled. Please also note that CCB is not paid when a child fails to attend the Centre up to the notified leaving date.

**Making Good-byes Easier**
Starting childcare can be a difficult time for you and your child, especially if this is the first time your child has been separated from you. Here are some strategies to try and help make the transition easier.

- Try and make a few visits to the centre together before your child actually starts in our care.
- Practice leaving your child with a staff member for short periods of time so that he/she can get used to being away from you.
- Create a good-bye ritual. Be calm, consistent, positive and show confidence in your child. Reassure him or her that you'll be back - and explain how long it will be until you return using concepts your child will understand (such as after lunch) because your child can't yet understand time. Give him or her your full attention when you say good-bye.
- Remember your child does understand the effect his or her behaviour has on you. If you run back into the room after you have said your good-bye because your child is crying, then stay with your child longer or cancel your plans completely, your child will continue to use this strategy to avoid separation and this phase of behaviour may last longer.
- Follow through on promises. It's important to make sure that you return when you have promised to return. This is the only way your child will develop the confidence that he or she can make it through this time.
- Try and avoid sneaking off when they aren’t looking but say goodbye and tell them you will return.
- As hard as it is to leave your child while he/she is screaming and crying for you, please have confidence that our staff can handle it.

You are welcome to ring the Centre to check how things are going. Most children have settled down and started playing after 15-20 minutes…and then the worst experience is over.

**We Provide**
- Cancer Council SPF 30+ broad spectrum water resistant sunscreen.
- Protective clothing for painting, water play etc.
- Breakfast at 8.30am. Served with a choice of milk or water.
- Lunch at 12.00 noon. This is a nutritious well balanced meal served with water.
- Afternoon tea at 2.45pm served with water.
- A snack at 5.35pm served with water.
- Water is freely available throughout the day.
- Meals are planned and prepared by a trained cook to meet at least 50% of your child’s daily nutritional requirements. Daisy Learning Centre has a nut free policy; please be assured that all our meals and food products will be nut free.
- The centre caters for children with other food allergies and religions needs.

**What to Bring**
- One hat (if possible wide brimmed or legionaire) if not purchasing Daisy’s hat.
- One sheet set and blanket (if possible cot set size).
One extra set of both summer and winter clothing (please include more if your child is toilet training).

Two pairs of underpants (please include more if your child is toilet training).

Nappies for the whole day (if required).

A reasonable locker size bag for all their belongings. No plastic bags are allowed.

Please send your child in suitable play clothes so they may play and explore freely and not worry about getting good clothes dirty. Ensure their clothing and footwear is easy enough for them to perform simple tasks on their own, such as elastic waistband for easy toileting and velcro shoes to place on and off independently. Thongs and clogs are not acceptable. Please label all clothing.

**Sun Protection**

At Daisy Learning Child Care Centre we practice safe fun in and out of the sun procedures. We ask that parents dress their children in clothing that gives them maximum protection from the sun. A loose fitting cotton T-shirt which covers the shoulders and the back of the neck is recommended. We also recommend that you apply SPF 30+ broad spectrum water resistant sunscreen to your child when arriving at the centre. More will be applied throughout the day as needed.

**Toys & Treasures from Home**

We recognise the enthusiasm your child has for some toys and how they wish to show them to their friends but we would appreciate it if toys were NOT brought from home. Your child’s “treasures” can be lost or broken, causing unnecessary distress. They can bring a soft toy for rest time which is kept in their locker until needed.

Daisy Learning Centre is a war toy free zone, including action heroes e.g. Batman and Spiderman etc as they teach:

- War and violence amongst children to be acceptable
- Children to show aggression to one another.
- That war and violent activities are fun.

The Centre and Staff do not accept responsibility for any broken, lost or damaged toys which are brought from home to the centre.

**Birthdays**

This is a very special day for your child. Birthday cakes are provided by the centre at a cost of $6.00 per child that day, or close to that day if your child is not attending on the actual day. Please feel free to join us for afternoon tea on this day, to make it a really special day for your child.

**Information to Remember**

Sign in and out on arrival and departure. Parents/guardians or authorised persons need to complete the child care attendance record by noting the time the child has arrived or left and then initialling their name next to it. It is extremely important that you follow this procedure as in the event of an emergency such as a fire the attendance book is used to determine which children are in our care.

Please close the doors and gates when entering and leaving the centre. Ensure that the safety gates have been closed properly, for the safety of all the children.

Please always park on Tennyson or Shelley Street legally. Please do not park on our driveway, nor block any residents’ driveways.
Please do not drop your child before 7.30 am and ensure you arrive before 6.00pm to pick them up. If you are late to pick up your child a late fee will be charged. Parents are responsible for informing the centre if they are unable to arrange collection of their child by 6.00pm. If there has been no contact we will attempt to call the parents, if we are unable to get through we will then phone the emergency contacts listed on the child’s enrolment form to arrange collection of the child. It is important that you follow through with the centre’s hours of operation as our licence and insurance policy only apply during 7.30am to 6.00pm. Any caring for children outside the normal times may result in a breach of the Child Care Regulations.

Children can only be released back into the care of parents, guardians or authorised persons. An authorised person is someone who has been approved in writing by the parent whose name will appear on the enrolment form as an emergency contact. It is the parent’s responsibility to inform staff of changes to the collection of their child. This is done by noting the change in the messages column on the attendance sheet. A collection authority form will be filled out on every occasion another person beside the authorised person collects the child. In the event of an emergency verbal permission can be given over the phone by the parent, but only for those emergency contacts listed on the enrolment form. Please note any person approved to collect your child must be over the age of 18 and must be able to show proof of identification. As our main responsibility of care is to the children, we will be unable to allow any person, including parents, under the influence of alcohol or illegal drugs to collect children.

The parent must provide to the centre the name, contact number and addresses of two responsible emergency contacts in the case of an emergency or illness who can collect the child. If a situation was to arise where a child has not been collected by 6.00pm and the emergency contacts cannot be reached the Department of Community Services or the police will be notified. On the authorisation of the Department of Community Services the child may be released into the care of the police.

It is important that the centre has current information so that you can be contacted in an emergency or if your child is ill. Please notify us immediately of any changes to your home address, telephone number, employment address, employment phone number, emergency contact numbers on the enrolment form, doctors’ telephone numbers, any allergies and current information about changes in family arrangements/court orders or any changes that may affect a child’s behaviour. Please speak to centre staff who will be happy to help you.

In the event a child is to be absent from care, parents are asked to notify the centre as soon as possible. Please inform the centre if your child is ill with an infectious disease to allow staff to keep an eye out for other children with similar symptoms.

**Exclusions from Care**

Exclusions due to illness: for the health and safety reasons of other children, a child will not be able to attend the centre during the period of time in which:

- the child has a disease or condition which is contagious during social contact
- following the advice of a medical practitioner not to attend the centre
if the director requests the sick child not to attend the centre as the child requires care that the centre staff cannot implement.

where a child needs to be administered paracetamol for a temperature greater than 38 degrees.

if the child has been unwell earlier before arriving to the centre.

during the first 48 hours commencing antibiotics.

if a child has been hospitalised in the last 48 hours.

Please note that if a child has been ill with a contagious disease or unspecified rash, parents will need to provide a doctor’s certificate stating details of the illness and that they are no longer contagious and fit to return to centre.

Immunisation/Birth Certificate

Upon enrolment to the centre we will require proof and the provision of an up to date ACIR History Statement of your child’s immunisation according to their age. In the event a child has not been immunised and a condition that is usually prevented by immunisation occurs, that child may be excluded from care as this is a Department of Health requirement. A copy of the child’s birth certificate is also required.

Medication

All medication must be handed to a staff member. NO MEDICATIONS MUST BE LEFT IN YOUR CHILD/CHILDREN’S BAG.

• Only prescribed medication will be given, as directed by the child’s doctor, in writing or as set out on the original bottle label which will define clearly the child’s name, times to be given and the length of time to be given.

• If your child is on long term medication we must have a letter from the doctor treating your child. These instructions must state the name of the medication, dosage, and when and how it is to be administered. This letter must be renewed every 3 months.

• If your child has any allergies then a medical plan must be made available to the centre and staff from the treating doctor.

• Please note that staff will only administer medication with the correct written authority from doctors. Staff will strictly follow instructions written by the treating doctor and therefore staff will not be liable for any allergic reaction or injury encountered to the child as a result of the medication. Please ensure the information placed on the medical plan or permission form is clear and accurate. Staff will not be held responsible for incorrect information written by the parent.

Emergency Paracetamol Procedures

Emergency paracetamol procedures are in place in the event of an extreme emergency. Parents need to indicate on the enrolment form if they wish to give authorisation for their child to receive this procedure.

If you indicate “YES” for the emergency paracetamol procedure then centre staff will, if a child has a temperature of 38 degrees Celsius or greater

remove and limit clothing.

encourage the child to have a drink of water and keep the child calm.
_ constantly check the child’s temperature.
_ Parent/emergency contacts will be notified and asked to collect the child.
If the temperature rises to 38.5 degrees Celsius, staff will contact the parent to inform them of the situation and will then administer ONE dose of paracetamol according to the manufacturer’s instructions.
_ The child is to be collected by the parents or authorised person/s.
_ If the child remains to have a temperature of 38.5 degrees Celsius or above during the next hour and the child has not been collected, staff will call an ambulance if the child’s temperature does not decrease.
Once a child has received a dosage of paracetamol staff will document the time and the dosage amount given and inform the parent or emergency contact. The parent or emergency contact must sign the Medication Administered Form upon arrival.

If you indicate “NO” for the emergency paracetamol procedure then centre staff will, if a child has a temperature of 38 degrees Celsius:
_ remove and limit clothing.
_ encourage the child to have a drink of water and keep the child calm.
_ constantly check the child’s temperature.
_ Parent/emergency contacts will be notified and asked to collect the child.
If the temperature rises to 38.5 degrees Celsius:
_ The ambulance will be notified immediately. All ambulance and medical costs incurred are the responsibility of the parents.

Smoke Free Environment
Daisy Learning Centre is a smoke free environment. It is against the Department of Community Services regulations to smoke on centre premises. This includes all areas from the street. Please extinguish all cigarettes before entering centre premises.

Parent Library
We have a variety of books for children and resources on topics relevant to early childhood and parenting such as toileting, sleeping, discipline and other parenting issues. These books are available for loan to parents who become members of our library. Members are charged a fee of $20 per year, which will be used for purchasing new children’s books.
All books and resources borrowed must be signed out, and in on return. Books and other items are also for sale from recognized book clubs so that parents are able to buy quality books, puzzles etc for their children.
These items are available for you to view outside the Frog room.

Parent Involvement
At the centre we acknowledge the importance of parent involvement in all our programmes. There are many ways in which you can become involved and how much is up to you. We realise your time is limited. However, if you would like to visit the centre to help out or just spend some quality time with your child our “open door” policy welcomes you anytime.
We welcome your involvement in:

- Teaching the children and staff a song in your home language.
- Reading to the children a story in your first language.
- Cooking a traditional meal for the children.
- Giving the cook a favourite recipe.
- Assisting in excursions and centre events.
- Bringing in odds and ends for craft supplies.
- Sharing an interest.
- Sharing a craft activity.
- Providing ideas for programming.
- Reading the programme and giving feedback.
- Telling us about your child’s interests e.g. (pets, siblings, outings etc)
- Reviewing our centre's policies
- Talking about your occupation

Please talk to staff, let us know your views and give us your feedback either informally or through parent surveys.

Confidentiality

Daisy Learning Centre staff will treat all matters and concerns which parents may have with the upmost confidentiality at all times. All details contained in children’s records will remain confidential. Any concerns that parents feel that they wish to discuss about confidentiality can be directed to the Centre Director.

Emergency Evacuation Procedures

Emergency evacuation procedures are displayed in each room and in the Office Foyer. At regular intervals (each month) the children will practice fire drills and emergency evacuation procedures. Children will have practice on different days and alternate times of the day. A lock down procedure will also be practiced on a regular basis.

In the event of an emergency evacuation:

- Evacuate the centre/premises according to displayed map procedures
- Mark the daily roll to make sure all children that were signed into the centre are present
- Ring parents/emergency contacts to notify them of the emergency.
- Keep children calm and safe till the appropriate emergency departments arrive.

Parking

The children’s safety is our primary consideration.

Our driveway can become congested at times and should not be used for parking so please park outside the centre along the public road and always be considerate of our neighbours and DO NOT PARK IN OR ACROSS THEIR DRIVEWAYS.

Families walk across our driveway outside so please be aware when you are reversing and check to make sure the way is clear.

Please hold your child’s hand when walking across the driveway. Their safety is in your hands.

Child Protection
As our main duty of care is for the safety, well being and education of the children. All staff who are recognized under the Education and Care National Regulations 2011 as Mandatory Reportees have a duty under the law to bring to the attention of the Department of Community Services any suspicion of child abuse, neglect, etc. At the centre all full time staff are trained in Child Protection and understand their duty of care to all the children in their care.

**Concerns/Complaints**
Where a parent has any concerns or complaints this needs to be discussed with the Director, Susan Shan, the Centre Director, on 97189119 or 0468931284 or Nominated Supervisor Gina Kang. If you are still not satisfied you can ring the Department of Community Services or ACECQA (Australian Children’s Education and Care Quality Authority).

**Important Policies which you should know:**
- The following pages are most important and mostly required by law to be made available to you. (We consequently ought not abbreviate them)
- They deal with the health and welfare of our children, and the procedures and documentation which are designed to protect them.
- Please do discuss any points made, which you may not fully understand, with us. Each child’s safety and wellbeing is a joint responsibility of both families and our staff.

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**Medical Conditions Policy**

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<td>2.1.4</td>
<td>Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.3.2</td>
<td>Every reasonable precaution is taken to protect children from harm and any hazard likely to cause</td>
</tr>
</tbody>
</table>
National Regulations

<table>
<thead>
<tr>
<th>Regs</th>
<th>90</th>
<th>Medical conditions policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>91</td>
<td>Medical conditions policy to be provided to parents</td>
<td></td>
</tr>
<tr>
<td>92</td>
<td>Medication record</td>
<td></td>
</tr>
<tr>
<td>93</td>
<td>Administration of medication</td>
<td></td>
</tr>
<tr>
<td>94</td>
<td>Exception to authorisation requirement—anaphylaxis or asthma emergency</td>
<td></td>
</tr>
<tr>
<td>95</td>
<td>Procedure for administration of medication</td>
<td></td>
</tr>
<tr>
<td>96</td>
<td>Self-administration of medication</td>
<td></td>
</tr>
</tbody>
</table>

LO3 | Children are happy, healthy, safe and connected to others.  
Educators promote continuity of children’s personal health and hygiene by sharing ownership of routines and schedules with children, families and the community  
Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all

Aim

The service and all educators can effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis at the service to ensure the safety and wellbeing of children, educators and visitors.

Related Policies

Additional Needs Policy  
Death of a Child Policy  
Emergency Service Contact Policy  
Emergency Management and Evacuation Policy  
Enrolment Policy  
Food Nutrition and Beverage Policy  
Health, Hygiene and Safe Food Policy  
HIV AIDS Policy  
Immunisation and Disease Prevention Policy  
Infectious Diseases Policy  
Privacy and Confidentiality Policy

Implementation

Daisy Learning Centre will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The service will adhere to privacy and confidentiality procedures when dealing with individual health needs.  
A copy of the Medical Conditions Policy must be provided to all educators and volunteers at the service. The Policy must also be provided to parents of children enrolled at the service. Educators are also responsible for raising any concerns with a child’s parents about any medical condition known to the service, or any suspected medical condition that arises.  
No child enrolled at the service will be able to attend the service without medication prescribed by their medical practitioner. Families are required to provide this information on the Enrolment Form as outlined.
below and are responsible for updating the service on any new medication, ceasing of medication, or any changes to their child’s prescription –

**Medical Management Communication Plan**

All medication procedures and communication about medical management for children will be included in Parent Handbooks and reviewed regularly, and any further medical management information will be communicated to parents verbally or via newsletters or emails.

At times, centre educators are asked to take the responsibility of administering medication. The following procedures are to be followed at all times:

- No medication will be administered to a child unless prescribed by a medical practitioner. If the medication is an over-the-counter drug including Homeopathic, Naturopathic, it must be accompanied with a letter from a medical practitioner stating the child’s name, the dose required and the period for which this dose is required.
- No medication will be administered to a child unless presented at the centre in the container in which it was dispensed. Staff will not administer unlabelled medication.
- Two educators at all times will check the medication and dosage and sign the medication Authority Form once the medication has been administered.

Short Term Medications.

This applies to medications that are only prescribed for a short period of time. Parents are to complete a Medication Authority Form when requesting that medication be given. The form is to include the child’s name, plus the identification, purpose and dosage of medication and the name of the prescribing doctor. This form is to be completed for every day that the medication is required and signed by the parent or authorized person

Long Term Medications.

This applies to medications that may be prescribed for administration over a prolonged period on a regular basis, e.g. asthma preventatives. Parents are to complete a Long Term Medication Authority Form when requesting that medication be given accompanied with a letter from the doctor which outlines the health condition being treated, the purpose of the medication, instructions on its administration, side affects to monitor for, and an emergency or first aid care plan if relevant. This form must be renewed every six months or if there is any change to the medication, e.g. dosage to be given.

- All Medication Authority forms will be kept in a secure and confidential file until the child turns 24 years of age.
- All medication will be securely stored in a locked cupboard/container, should the medications require refrigeration, it will be placed at the back of the refrigerator on the top shelf, in a childproof container.
- If there is a disagreement between family members, including between custodial and a non custodial, Community Services will be contacted for advice. No medication will be given until advice has been obtained by Community Services. Medication will not be given if these guidelines are not followed.

If there are any changes in your child’s medical condition it is the responsibility of the parents to inform the centre in writing or by email with any medical documentation as evidence of changes.
Information that must be provided on Enrolment Form

The service’s Enrolment Form provides an opportunity for parents to help the service effectively meet their child’s needs relating to any medical condition. The following information must be completed on the Enrolment Form, and any information will be attached to the Enrolment Form as necessary and kept on file at the service –

- Asthma
- Diabetes
- Allergies
- Anaphylaxis
- Diagnosed at risk of anaphylaxis
- Any other specific medical condition(s) mentioned by a child’s parents or registered medical practitioner using the Enrolment Form.
- Any other specific medical condition(s) mentioned by a child’s parents or registered medical practitioner at any point during the child’s education and care at the service.
- Any Medical Management Plan put forward by a child’s parents and/or registered medical practitioner. The Medical Management Plan must be used to inform the Medical Conditions Risk Minimisation Plan. Parents are responsible for updating their child’s Medical Management Plan as necessary and will be regularly reminded by the service as per the Medical Management Communications Plan.

Identifying Children with Medical Conditions

- Any information relating to the above medical conditions will be shared with the Nominated Supervisor, educators, volunteers and any other staff member at the service. Individuals will be briefed by the Nominated Supervisor on the specific health needs of each child.
- Information relating to a child’s medical conditions, including the child’s Medical Management Plan, Medical Conditions Risk Minimisation Plan, and the location of the child’s medication will be shared with all educators and volunteers and displayed in the following areas of prominence to ensure all practices and procedures are followed accordingly – each room and kitchen will have an area to display their allergy chart and medical management plans in an area accessible to staff and not accessible to visitors or other families
- All educators and volunteers at the service must follow a child’s Medical Management Plan in the event of an incident related to a child’s specific medical conditions requirements.
- All educators and volunteers at the service must be able to identify a child with medical conditions easily.
• All educators and volunteers at the service must be able to locate a child’s medication easily.

**Medical Conditions Risk Minimisation Plan**

Using a child’s Medical Management Plan, the service will develop a Medical Conditions Risk Minimisation Plan in consultation with a child’s parents. The Medical Conditions Risk Minimisation Plan must ensure that any risks are addressed and minimised. The Plan must be developed with the child’s parents and medical professionals and these individuals must inform the Medical Conditions Risk Minimisation Plan. To promote consistency and ensure the welfare of all children using the service, we will follow all health, hygiene and safe food policies and procedures. Any allergens that may be present at the service will be communicated to parents and addressed through the Medical Conditions Risk Minimisation Plan.

Whilst developing the Medical Conditions Risk Minimisation Plan and to minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, the service will consider and implement the following –

• While not common, anaphylaxis is life threatening. Anaphylaxis is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists.

• Be aware that allergies are very specific to the individual and it is possible to have an allergy to any foreign substance.

• Anaphylaxis can be caused by insect bites such as bees or wasps but is usually caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cow’s milk.

• Other common groups of substances which can trigger allergic reaction or anaphylaxis in susceptible children include:
  - All types of animals, insects, spiders and reptiles.
  - All drugs and medications, especially antibiotics and vaccines.
  - Many homeopathic, naturopathic and vitamin preparations.
  - Many species of plants, especially those with thorns and stings.
  - Latex and rubber products.
  - Band-Aids, Elastoplast and products containing rubber based adhesives.

• Educators should be on the lookout for symptoms of an allergic reaction, as per their training. Educators should be on the lookout for symptoms as they need to act rapidly if they do occur. Educators should immediately call 000 if symptoms arise. If you know an educator or child is prone to anaphylaxis reactions, and they carry an EpiPen® it should be injected by an educator trained in first aid. CPR should be initiated should the educator or child stop breathing.

• However, steps should be taken to prevent anaphylaxis occurring as outlined below:
Upon enrolment, seek medical information from parents about any known allergies. Ask parents for supporting documentation as well as a Medical Management Plan. This Medical Management Plan should include a photo of the child, what triggers the allergy, first aid needed and contact details of the doctor who has signed the plan. This should be kept on the child’s enrolment file and also be displayed in the service, in an area where all educators can easily access near a telephone. A copy should also be kept where the child’s medication is stored. If the child is taken on an excursion, a copy of the management plan should be taken on the excursion. Should a child be known to have allergies requiring medication if a reaction occurs, the parents will be asked to provide the medication. Furthermore, should the child’s treatment change, families are asked to provide the service with a new Medical Management Plan from their child’s medical practitioner. Documentation will then be updated at the service.

- If displaying personal information about children’s or educator’s allergies in food preparation or serving areas, do so in accordance with privacy guidelines, such as displaying in an area accessible to staff and not accessible to visitors or other families. Explain to families the need to do so for purpose of safety of the child and obtain parental consent.

- Risk minimisation practices will be carried out to ensure that the service is to the best of our ability providing an environment that will not trigger an anaphylactic reaction in a child. These practices will be documented and reflected upon, with any practice that may be discovered amended to decrease risk. For example, a procedure to ensure that the child is never at the service without their EpiPen or relevant medication.

- The service will display an Australasian Society of Clinical Immunology and Allergy inc (ASCIA) generic poster called Action Plan for Anaphylaxis in a key location at the service, for example, in the children’s room, the staff room or near the medication cabinet

- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without the device.

- Develop an ongoing communication plan with the child’s parents and with educators at the service to ensure that all relevant parties are updated on the child’s treatment, along with any regulatory changes that may change the service’s practices in regards to anaphylaxis.

- Provide support and information to the service’s community about resources and support for managing allergies and anaphylaxis.

- The service will ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.

- Routinely, the service will review each child’s medication to ensure it hasn’t expired.

- The service will not allow children to trade food, utensils or food containers.

- Ideally, children who have severe allergies should only be served food prepared at their homes. If it is decided that the child will have food prepared for them at the service, this will be prepared in line with their management plan and family recommendations.
• The service will use non-food rewards with children. For example, stickers for appropriate behaviour.

• Families are requested to label all bottles etc with the child’s name that they are intended for.

• The use of food products in craft, science experiments and cooking classes may need to be changed in order to allow children with allergies to participate.

• Food preparation staff will be instructed on the necessity to prevent cross contamination.

• Parents will be asked not to bring any food with their children into the service as we area NUT FREE service and a sign will be displayed reminding parents of the risk to children in the centre that might have high allergies.

• Where possible, ensure all children with food allergies only eat food and snacks that have been prepared especially for them in their own utensils and cutlery.

• Restrict the use of foods likely to cause allergy in craft and cooking play.

• Always follow correct health, hygiene and safe food policies and procedures.

• Food preparation personnel (staff and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.

• All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children will not be permitted to ‘wander around’ the service with food.

• Meals prepared at the service should not contain ingredients such as nuts.

• Risk minimisation plans provided by families will be consulted by the service when making food purchases and planning menus.

• The service will ensure that body lotions, shampoos and creams used on allergic children have been approved by their parent.

• Where a child is known to have a susceptibility to severe allergy or anaphylaxis to a particular food, the service will have a “allergy-awareness policy” for that particular food, e.g. a “Allergy-Awareness Policy”, which would exclude children or other people visiting the service from bringing any foods containing nuts or allergy products such as:
  
  o peanuts, brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts
  
  o any other type of tree or ground nuts, peanut oil or other nut based oil or cooking product, peanut or any nut sauce, peanut butter, hazelnut spread, marzipan
  
  o any other food which contains nuts such as chocolates, sweets, lollies, nougat, ice creams, cakes, biscuits, bread, drinks, satays, pre-prepared Asian or vegetarian foods
• foods with spices and seeds such as mustard, poppy, wheat and sesame seeds
• nut and peanut material is also often in cosmetics, massage oils, body lotions, shampoos and creams such as Arachis oil
• any other food which is known to cause allergy

• Be aware that a child may have a number of food allergies or there may be a number of children with different food allergies, and it may not be possible to have an allergy free policy for all those foods involved. Nut allergy is the most likely to cause severe reaction and should take precedence.

• In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction, educators will:
  o Call an ambulance immediately by dialling 000
  o Commence first aid measures
  o Contact the parent/guardian
  o Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.

• Educators at the service are educated to recognise how serious anaphylaxis is and undertake the steps that need to be taken in order to minimise the possibility of occurrence. The service will maintain the following in relation to educator qualifications for anaphylaxis:
  o The service will ensure that all educators have completed first aid and anaphylaxis management training that has been approved by the Secretary by January 2012. After this, educators will complete training at least every 3 years from the date their qualification was issued.
  o The service will ensure that all educators in our service whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio-pulmonary resuscitation. The service will also ensure that all relief educators used by the service adhere to these qualification requirements.

**Supervised Self-Administration of Medication by Children over Preschool Age**
• The service permits children over preschool age to self-administer medication.

• Educators must supervise the child during this process. To promote consistency and ensure the welfare of all children using the service, educators will ensure each child follows all administration of medication, health and hygiene policies and procedures.

• The self-administration of medication must be negotiated with, and approved by the child’s parents. This information will be detailed in the child’s Medical Management Plan and the Medical Conditions Risk Minimisation Plan if appropriate, and the location of the child’s medication for self-administration must also be noted and made available to educators.
Anaphylaxis Risk Minimisation Plan

Daisy Learning Centre

This risk minimisation plan is to be completed by the Centre licensee in consultation with the at risk child’s parents/guardian and staff working with the child.

1. Who is the child?

Name:…………………………………………… D.O.B……………………………

Group/Room Name: …………………………

2. What are they allergic to?

* List all of the known allergens for the at risk child in the following table:
* List the potential sources of exposure to each known allergen and strategies to minimise the risk of exposure, in the following table. This will include requesting that certain food / items not be brought to the centre.

<table>
<thead>
<tr>
<th>Allergen</th>
<th>Sources of exposure</th>
<th>Risk minimisation strategies</th>
</tr>
</thead>
</table>
3. **Does everyone recognise the at risk child?**

* List the strategies for ensuring all staff, including relief staff and parent helpers, recognise the child:

*State where the child’s Action Plan will be displayed:*

4. **Do families and staff know how the centre manages the risk of anaphylaxis?**

* Record when the family of an at risk child is provided a copy of the centre’s anaphylaxis policy:

* Record when the family provides a complete EpiPen kit:

* Record when all staff, including relief staff, know where the EpiPen is kept for the at risk child:

* Relief staff will be informed during their orientation to the centre.

* Record when regular checks of the expiry date of each EpiPen are undertaken by a nominated staff member and the families of each at risk child (checks will be made on the every month by staff)

* Record when regular checks of the expiry date of each EpiPen are undertaken by a nominated staff member and the families of each at risk child (checks will be made on the first kinder session of every month by staff)

* A back-up EpiPen is stored at the kindergarten and this pen is checked monthly and replaced at the commencement of the expiry month. However, this pen is not intended to be relied upon by parents – each child must have their own individually prescribed EpiPen.

<table>
<thead>
<tr>
<th>Date Checked</th>
<th>Applicable notes</th>
<th>Staff Name</th>
<th>Staff Signature</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Printed: 6.11.13
*The centre has written to all families requesting that specific procedures be followed to minimise the risk of exposure to a known allergen / s:

Date: …………………………… Written letter attached to this document: YES  NO

*The centre licensee, staff and family with the child at risk must understand the following points:
  - A new written request is sent to all families if the food allergy changes.
  - All families must be aware that no child who has been prescribed with an EpiPen is permitted to attend the centre without an EpiPen.
  - The centre displays the ASCIA generic poster, Action Plan for Anaphylaxis, in a key location.
  - The EpiPen kit is taken on all excursions attended by the at risk child.

5. Do staff know how the centre aims to minimise the risk of a child being exposed to an allergen?

*The following strategies will be implemented during the following possible scenarios that will reduce potential exposure for the at risk child to a risk allergen:

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Strategy</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entering the centre/environment / hygiene practices</td>
<td>Ensure each child enrolled at the centre washes his / her hands upon arrival at the kindergarten and before eating. After eating the children will wash their hands.</td>
<td>Parent / Staff</td>
</tr>
<tr>
<td></td>
<td>Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens.</td>
<td>Staff</td>
</tr>
<tr>
<td></td>
<td>Bottles provided by the family of the child at risk should be clearly labelled with the child’s name.</td>
<td>Parent</td>
</tr>
<tr>
<td>Snack / Lunch time</td>
<td>An at risk child is served and consumes their food on their on individual plate and utensils considered to pose a low risk of contamination from allergens. The child is not separated from all other children and this allows social inclusion at meal times.</td>
<td>Staff</td>
</tr>
<tr>
<td></td>
<td>Children are regularly reminded of the importance of no food sharing with the at risk child.</td>
<td>Staff</td>
</tr>
<tr>
<td></td>
<td>Children are supervised during eating.</td>
<td>Staff</td>
</tr>
<tr>
<td>Party or celebration</td>
<td>Give plenty of notice to families about the event.</td>
<td>Licensee / Primary Nominee / Qualified staff</td>
</tr>
<tr>
<td></td>
<td>Ensure a safe treat box is provided for the at risk child.</td>
<td>Parent / Staff</td>
</tr>
<tr>
<td></td>
<td>Ensure that the at risk child has only the food approved by his / her parent / guardian/centre.</td>
<td>Staff</td>
</tr>
<tr>
<td></td>
<td>No food is to be brought into the centre from families. All party bags for birthdays are to be given to the staff and then staff can distribute to</td>
<td>Licensee / Primary nominee</td>
</tr>
</tbody>
</table>
6. **Do relevant people know what action to take if a child has an anaphylactic reaction.**

   *The centre licensee, staff and family of the at risk child know what the action plan says and how to implement it.*

   *Staff is to fill in the table below regarding the administering of the EpiPen medication in an emergency:

<table>
<thead>
<tr>
<th>Action</th>
<th>Staff member</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Who will administer the EpiPen and stay with the child;</td>
<td></td>
</tr>
<tr>
<td>2. Who will telephone the ambulance and parents;</td>
<td></td>
</tr>
<tr>
<td>3. Who will ensure the supervision of the other children;</td>
<td></td>
</tr>
<tr>
<td>4. Who will let the ambulance officers into the centre and take them to the child.</td>
<td></td>
</tr>
</tbody>
</table>

   *The staff member that is closest to the child at the time symptoms emerge will remain with the child (Action 1) whilst the other staff member will complete actions 2, 3, 4.*

   *All staff with responsibilities for the at risk child have undertaken anaphylaxis management training.*

   *Relief staff will only follow actions 2, 3, 4 (unless they have undertaken anaphylaxis management training).*

   *Regular practice sessions will occur during the staff meeting every 3 months.*

   *A completed ambulance card is located next to the telephone /s.*

7. **How effective is the kindergarten’s risk minimisation plan?**

   *The risk minimisation plan will be reviewed with the family of the at risk child at least annually, but always upon enrolment of the at risk child and after any incident or accidental exposure.*

8. **In the unlikely event of a failed EpiPen, is there permission to administer the backup EpiPen?**

   *The backup EpiPen is kept on the premises and checked monthly is would only be appropriate for use if the child’s prescribed EpiPen is not functioning and there is certainty that none of the medication has been injected into the child.*

   Date: .........................   Written letter attached to this document: YES   NO

9. **The following people have read, understood and agree that this document is a risk minimisation plan for the at risk child of anaphylaxis.**

   **Centre Licensee**

   Name (printed): ..........................................................................................

   Signed: ..................................   Date: ..................................
<table>
<thead>
<tr>
<th>Role</th>
<th>Name (printed):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nominated Supervisor</td>
<td></td>
</tr>
<tr>
<td>Signed:</td>
<td>Date:</td>
</tr>
<tr>
<td>Room Teacher 1</td>
<td>Name:</td>
</tr>
<tr>
<td>Signed:</td>
<td>Date:</td>
</tr>
<tr>
<td>Room Teacher 2</td>
<td>Name (printed):</td>
</tr>
<tr>
<td>Signed:</td>
<td>Date:</td>
</tr>
<tr>
<td>Parent / Guardian</td>
<td>Name (printed):</td>
</tr>
<tr>
<td>Signed:</td>
<td>Date:</td>
</tr>
</tbody>
</table>
Medication Form – Backup EpiPen Junior

I ………………………………………………………. (Parent / Guardian name) authorise EpiPen trained staff at Daisy Learning Centre to administer the spare EpiPen Jr – 150 micrograms Adrenaline Auto-Injector, that is kept on their premises to my child …………………………………………………………, only if every point of the following criteria occur:

• My child has come into contact with a known allergen that may cause an anaphylactic reaction;
• My child is displaying breathing difficulties as stated in their management plan;
• My child’s own EpiPen was unable to be administered to my child – this means that it did not come into contact with their skin and none of the adrenalin has been administered.

Signed: ……………………………………………….. Date: ……………………

(Parent / Guardian)

• vised self-administration of medication as per the Administration of Medication Policy.

Sources
Education and Care Services National Regulations 2011
National Quality Standard
Review
The policy will be reviewed annually.
The review will be conducted by:
  • Management
  • Employees
  • Families
  • Interested Parties

Last reviewed: 19.3.14       Version 5       Date for next review: April 2015

Signed:                        Dated: