

## Early Years Policy – QA 2.10 Medical Conditions & Medications

TRIM Reference: D15/32925 Due for Review: 6 August 2026  
Responsible Officer: Coordinator Early Years

### Purpose

This policy outlines Surf Coast Shire Council's [Early Years Services](#) commitment to ensure that:

- [the safety, health, wellbeing, rights, and best interests of children are upheld as the paramount consideration when managing health care needs.](#)
- ~~with the Surf Coast Shire Council Early Years Services have e~~Current health information for each child accessing the services [has been received](#);
- there are clear procedures for the management of medical conditions, including asthma, diabetes or a diagnosis of a child at risk of anaphylaxis;
- the administering of medication to a child (considered a high-risk practice) strictly adheres to the legislative requirements contained within *the Education and Care Services National Law Act 2010(Vic)* and *Education and Care Services National Regulations 2011* and the *Victorian Children's Services Regulations 2020*;
- parents/guardians of an enrolled child with a specific health care need, allergy or other relevant medical condition are provided with a copy of this policy and procedure (r 91);
- [staff/educators are informed about the practices to be followed \(r 90\(1\) \(c\)\(IV\)\(A\)\).](#)
- [ensure educators and staff have the appropriate training needed to deal with the medical conditions or specific health care needs of the children enrolled in the service](#)

### Policy Principles

Education and Care Services National Law: [2A, 167\(1\)\(2\) and \(3\)](#)

Education and Care Services National Regulations: [85-87, 89, 90-96; 136, 162 C D, 168, \(2\)\(d\); 170-173 \(2\) \(f\) 177\(b, c\); 178\(b, c\); 181-184](#)

National Quality Standards: [Element 2.1.1; Element 2.1.4; Element 2.3.2; Standard 4.1, Element 7.3.5 QA 2.1, 2.1.2, 2.1.3, QA 3.1.1, 3.2.1, QA 6.2.2, QA 7.1.2, 7.1.2](#)

Victorian Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2019

Victorian Children's Services Regulations 2020: r 61.

### Scope

This policy applies to all Surf Coast Shire Council Early Years Services staff, students, volunteers and children and their families accessing the services.

#### Children

Children are supported to feel physically and emotionally well, and feel safe in the knowledge that their wellbeing and individual health care needs will be met when they have a medical condition or are unwell. At all times staff will act in the best interests of the children and ensure the health, safety and wellbeing of all children being educated and cared for at the service.

#### Families

Families expect that staff/educators will: act in the best interests of the children in their care at all times; meet their children's individual health care needs; maintain continuity of medication for their children when the need arises; provide information with regard to the service's policy on administering any medications.

#### Staff

Staff, caring for children, need to understand their liabilities and duty of care requirements; be provided with sufficient information and training regarding medical conditions, the administration of medications and other treatments appropriate to an Early Years Services environment.

## Policy

The Surf Coast Shire Council Early Years Services staff, educators and volunteers will, at all times act in the best interests of the children and ensure the health, safety and wellbeing of all children being educated and cared for at the service as a paramount consideration.

The Surf Coast Shire Council Early Years Services understands that staff/educators will NEVER attempt to diagnose a child's illness or decide on the dose of medication to be given.

### Medical Conditions Policy and Procedure

#### Children with Medical Conditions

On application of enrolment, the child's parent(s)/guardian(s) will be required to complete full details about their child's medical conditions. The service will assess whether educators/staff are appropriately trained to manage the child's specific healthcare needs or relevant medical conditions at that time.

Parent(s)/guardian(s) will:

- advise the service of the child's medical condition and their specific needs as part of this condition on enrolment or after diagnosis
- provide regular updates to the service on the child's medical condition including any changes, and ensure all information required is up-to-date
- where children require medication or have healthcare needs for long-term conditions, the child's doctor or allied health professional and parent(s)/guardian(s) must complete a *Medical Management/Action Plan*. Such a plan will detail the child's healthcare support needs including administration of medication and other actions required to manage the child's condition, including name of medication and dosage.
- ensure the *Medical Management/Action Plan* ~~Medical Management Plan~~ is signed by the parent/guardian and Doctor for the child to attend the service.
- ensure medication is in original packaging and labelled with child's name, dosage and instructions from a medical practitioner to be given. If there is a bottle in a box, both the box and the bottle need to have a separate label.
- collaborate with the service staff to develop a risk minimisation and communication plan.
- advise staff of any changes to their child's medical condition and provide a new *Medical Management/Action Plan* ~~Medical Management Plan~~ (the service will re-assess its ability to care for the child, including whether educators/staff are appropriately trained to manage the child's ongoing needs in relation to their medical condition)

Educators will:

- discuss all relevant medical conditions on enrolment.
- have a thorough understanding of the individual needs of the medical action plans for the children in your care with specific medical condition.
- collaborate with the parent(s)/guardians(s), to develop a *Risk Minimisation and Communication Plan*.
- ensure a new risk assessment is completed and implemented when circumstances change for the child's specific medical condition
- This plan will document:
  - the risks relating to the child's specific health care needs, ~~allergy~~allergies or medical condition;
  - any requirements for safe handling, preparation and consumption of food;
  - notification procedures that inform other families about allergens that pose a risk;
  - procedures for ensuring educators/staff/volunteers can identify the child, their medication and the *Medical Management/Action Plan* ~~Medical Management Plan~~. how the service will communicate with families and staff in relation to the policy.
  - how families and staff will be informed about risk minimisation and communication plans and emergency procedures to be followed when a child diagnosed as at risk of any medical condition such as anaphylaxis is enrolled at the service.

- all correspondence with the parents/guardians in regards to the child's specific health care needs.
- ensure the ~~Medical Management/Action Plan~~ ~~Medical Management Plan~~ is signed by the parent/guardian and Doctor for the child to attend the service.
- [ensure inclusion of all children in the service](#)
- ensure medication is in original packaging and labelled with child's name, dosage and instructions from a medical practitioner to be given. If there is a bottle in a box, both the box and the bottle need to have a separate label.
- [ensure all medications are in date and expiry dates are noted and monitored throughout the year.](#)
- ensure you monitor the child's health closely and are aware of any symptoms and signs of ill health, with families contacted as changes occur
- ensure communication with families is regular and all educators and staff (including the nominated supervisor) are informed of any changes to a child's medical condition
- [ensure that two people are present any time medication is administered to children](#)
- ensure all children's health and medical needs are taken into consideration on excursions (first aid kit, personal medication, management plans, etc)
- maintain current approved first aid, CPR, asthma and anaphylaxis training
- undertake specific training (and keep it updated if required) to ensure appropriate management of a child's specific medical condition.

**Note: if an enrolled child with medical conditions presents for a session of care at the service without their medication the nominated supervisor will not accept them until their prescribed medication is available and on-site with the child.**

~~Medical Management/Action Plan~~ ~~Medical Management Plan~~ - a range of templates are utilised as applicable to the medical condition and what is provided by the medical practitioner.

### Asthma and Asthma Reliever Medications

- Asthma reliever medications (eg. *Ventolin*, *Asmol*, *Airomir*, *Epaq*) will be stored out of reach of children, in an easily accessible central location for staff.
- Where reliever medications together with a spacer are included in the service's First Aid kit, in case of an emergency situation; the use by date must be checked on a regular basis as part of the First Aid Kit regular checks.
- Refer to *Early Years First Aid Policy & Procedure*.
- Educators/staff who will be responsible for administering asthma reliever medication to children diagnosed with asthma in their care, should attend either Asthma Education in-service or an accredited course. Surf Coast Shire Council Early Years Services use the Asthma Foundation recommended guidelines on asthma management within the child care setting; including the *Medical Management Plan*, which should be completed for each child diagnosed with asthma.

### Use of Relievers (eg. Ventolin) in Children who are Not Diagnosed with Asthma

- Asthma Victoria advises that children who are not diagnosed with asthma may be prescribed asthma reliever during cold and flu season.
- They are not required to have a completed asthma management plan; however, the asthma reliever must have been prescribed by a medical practitioner and have instructions for use in order for the service to be able to administer it.
- Parents/guardians must complete the *Medication Record* which authorises staff/educators to provide the medication to the child.

### Asthma Emergencies

If a child who has been diagnosed with asthma, and exhibits symptoms described in their individual ~~Medical Management/Action Plan~~ ~~Medical Management Plan~~; staff/educators will respond to the emergency as per their medical practitioner developed and endorsed ~~Medical Management/Action Plan~~ ~~Medical Management Plan~~. If emergency medication is provided according to the *Medical Management/Action Plan* Educators/staff will complete the *emergency medication form* and parents notified.

Please note spacers and face masks are single-person use only. It is essential to have at least two spacers and two face masks contained in each first aid kit and that spacers and face masks are replaced each time

they are used. Face masks are to be used by children unable to coordinate correct breathing through the mouthpiece of the spacer.

### Respiratory Emergencies

In the case of a respiratory emergency in a child not diagnosed with asthma (once it has immediately been established by a First Aid qualified staff member that there is nothing blocking the child's throat); asthma reliever medication from the services First Aid Kit may be administered to a child without written parent/guardian authorisation in consultation with medical advice (Call 000). If medication is administered the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible.

The National Asthma Council (NAC), which is the national governing body best practice asthma management, recommends that should a child not known to have asthma, who appears to be in severe respiratory distress, the following medical management plan should be followed immediately. The following steps are recommended:

- If someone collapses and appears to have difficulty breathing, call an ambulance immediately, whether or not the person is known to have asthma;
- Give 4 separate puffs of a reliever inhaler (give one puff at a time with 4-6 breaths after each puff). Use a spacer if available;
- Wait 4 minutes. If the child still cannot breathe normally give 4 more separate puffs (one puff at a time with 4-6 breaths after each puff). Use a spacer if available;
- Keep giving 4 separate puffs every 4 minutes until the ambulance arrives or advised differently by Ambulance;
- No harm is likely to result from giving reliever medication to someone who does not have asthma.

Note: In all emergency situations the parent/guardian will always be contacted at the earliest opportunity.

If asthma medication has been administered to a previously undiagnosed child (as per regulation 94 of the National Regulations 2011), written notice must be given to the parents/guardians of the child as soon as practicable via the completion of an Incident Form, signed by the responsible person in charge and the parent/guardian. In this instance the *Medication Record Form* must also be completed.

### Managing Food Intolerances and Allergies

#### Food Intolerances

Children may suffer from food intolerances and this information will be provided by families. Teaching staff will create a *Risk Minimisation and Communication Plan* with families which details the foods the child must avoid. Food intolerances are not allergies. Food intolerance is an adverse reaction that does not involve the immune system, although the trigger may be similar.

#### Food Allergies

Food allergies can occur when the body's immune system reacts to food. People with allergies usually have sensitive immune systems, and when an allergy causing protein or allergen is introduced to their system, the body's immune system reacts by attacking the allergen.

- This can cause a chain of events that can cause swelling and irritation in certain parts of the body.
- Reaction can occur immediately, in a few minutes or after a few hours.
- Food allergies can occur at any age, most commonly in childhood. Some common allergens include peanuts, soy, milk, eggs, wheat and seafood. Some children grow out of their allergies, while for others the reaction may become more severe with each exposure to the allergen.
- An allergic reaction is not the same as an asthma episode; people with food allergies don't necessarily have asthma, and vice versa.
- A severe allergic reaction can result in difficulties breathing because of obstruction of the upper airway. This should not be confused with an asthma attack.
- Children with known allergies must have a *Risk Minimisation and Communication Plan* and a *Medical Management/Action Plan* ~~*Medical Management Plan*~~ (see under Anaphylaxis below) and Early Years Services staff/educators must refer to these plans.

### Anaphylaxis

Staff/educators that are caring for a child with anaphylaxis must be trained in the usage of an auto adrenalin device.

A child diagnosed with Anaphylaxis must have a Medical Management/Action Plan ~~Medical Management Plan~~ completed by the child's doctor and signed by the doctor and parents.

- Whenever a child with severe allergies is enrolled at the service, or newly diagnosed as having a severe allergy, a Risk Minimisation and *Communication Plan* will be developed in collaboration with the family to inform all relevant educators/staff of:
  - the risks relating to the child's specific health care needs, allergy or medical condition;
  - any requirements for safe handling, preparation and consumption of food;
  - notification procedures that inform other families about allergens that pose a risk;
  - procedures for ensuring educators/staff/volunteers can identify the child, their medication and the Medical Management Plan.
  - the child's name and room;
  - where the child's Medical Management/Action Plan ~~Medical Management Plan~~ will be located;
  - where the child's adrenaline auto-injector is located;
  - ensuring qualified staff/educators will be responsible for administering the adrenaline auto-injector.
- The service will advise families through the posting of a notice in accordance with the *Education and Care Services National Regulations*, which states that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service. Depending on the child's allergens, families will also be advised of allergens to avoid bringing to the service.

Note: A child diagnosed as at risk of anaphylaxis will not be admitted into the service on that day if the adrenaline auto-injector is not provided by the family.

In addition,

If you have 2 adrenaline auto injectors for your child then one adrenaline auto injector is to stay at the early years' service for the duration of the child's attendance at the early years' service and only be replaced if the adrenaline auto injector expires or the child's medical action plan changes and the adrenaline auto injector is no longer required as per doctors' instruction, or

If you only have one adrenaline auto injector for your child, it is the family's responsibility to take the adrenaline auto injector home after each session and ensure that it is in date and brought back in for each session your child attends.

### Anaphylaxis Emergencies

- For a child who has been diagnosed as at risk of anaphylaxis and is exhibiting symptoms described in their individual Medical Management/Action Plan ~~Medical Management Plan~~ (as detailed by their parents and medical practitioner) educators/staff will follow the child's Medical Management/Action Plan ~~Medical Management Plan~~.
- An ambulance will always be called - 000.
- The service will follow the directions of the Ambulance Officer.
- If used, the used auto-injector and other relevant information will be given to ambulance officers on their arrival.
- If emergency medication is provided according to the *Medical Management/Action Plan* Educators/staff will complete the *emergency medication form and incident/accident form*.

### Diabetes

- Surf Coast Shire Council will ensure that each child with type 1 diabetes has a current individual Medical Management/Action Plan ~~Medical Management Plan~~ prepared by the individual child's diabetes medical specialist team, at or prior to enrolment, and implement strategies to assist children with type 1 diabetes.
- The child's Medical Management/Action Plan ~~Medical Management Plan~~ provides staff/educators with all required information about the child's diabetes care needs.
- The service, in conjunction with parents/guardians will also develop a Risk Minimisation Plan for the child.

Key points for staff/educators to support children with type 1 diabetes are:

- Follow the service Medical Conditions Policy and Procedures for medical emergencies for children with type 1 diabetes.
- Parents/guardians should notify the service immediately about any changes to the child's individual ~~Medical Management/Action Plans~~ Medical Management Plan.
- Contact Diabetes Australia (Victoria) for further support or information as required.

### Medical Action Plans

Educators will check in with families at the end of term 2 to check that nothing has changed on All ~~Medical Management/Action Plans~~ Medical Management Plans, ~~Action Plans~~, related to Asthma, Anaphylaxis, Diabetes and Allergy (and other medical conditions) and ensure this communication is recorded on the child's Risk Minimisation and Communication Plan (and at other times when changes apply). Any changes will require a new ~~Medical Management/Action Plan~~ Medical Action Plan that has been authorised by a medical practitioner.

Educators will implement a system to ensure that they are aware of when medication and medical actions plans expire and notify families prior to this date to have medication and medical action plans replaced.

Note: A range of ~~Medical Management/Action Plan~~ Medical Management Plan templates will be utilised based on the medical condition of the child and the document provided to/by the medical practitioner. The *Risk Minimisation and Communication Plan* is part of the enrolment process.

Note: A child requiring a ~~Medical Management/Action Plan~~ medical management plan will not be admitted into the service if their plan is not up to date and signed by a doctor outlining the risk minimization steps, including correct dosage of medication if required.

### Surf Coast Shire Council Early Years Services Employees - Medical Conditions and Asthma/Anaphylaxis Emergencies

Refer to Surf Coast Shire Council Policies and Procedures.

### Medications Policy and Procedure

The Surf Coast Shire Council Early Years Services aims to provide a safe environment for all enrolled children and ensures that the high-risk practice of administering medications to children is carefully monitored to reduce any risk to the health and well-being of children.

Educators/staff responsible for administering medications must be trained in the administration of medications and also know what first aid measures to take should an adverse reaction to the medication occur.

Staff/educators are not qualified medical practitioners and therefore cannot diagnose appropriate treatment. Staff/educators will not:

- Administer medications to children without written parental/guardian authority as previously defined in the enrolment record.
- Administer non-prescribed medications.
- Accept children into the service who require medication that is not in its original packaging and labelled with child's name, dosage and instructions from a medical practitioner.
- Perform any treatments without first receiving appropriate professional training.
- Accept children into the service who require a health care regime which uses medical procedures, before staff are appropriately and professionally trained, and feel confident and comfortable with that training and the process for administering any required medication.
- Accept a child with health care needs without a risk minimisation plan being completed on enrolment of the child.
- Accept a child for care without their prescribed health care needs medication.

### Training/Authority to Treat

The definition of 'trained educator/staff member' in this policy refers to those educators/staff who have received relevant appropriate training in the treatments or techniques required to respond to medical conditions and to administer medication as outlined below:

#### Centre-based services

The following persons must be at any place where children are being educated and cared for by the service and immediately available in an emergency and at all times that children are being educated and cared for by the service:

- at least one educator who holds a current approved first aid qualification.
- at least one educator who has undertaken current approved anaphylaxis management training.
- at least one educator who has undertaken current approved emergency asthma management training (r136).

Note: For required training renewal periods refer to the Regulations.

Note: The same person may hold one or more of the above qualifications.

Where children are being educated and cared for on a school site the educators referred to above may be in attendance at the school site and immediately available.

In addition, all staff on duty whenever children are being cared for or educated must have undertaken training in administration of the adrenaline auto injection device and cardio-pulmonary resuscitation (CPR) at least every 12 months.

It is recommended that all staff members practice using the adrenaline auto injection devices annually, whether or not a child with anaphylaxis is enrolled and attending the service.

The first aid training must include training in the following:

- emergency life support and cardio-pulmonary resuscitation;
- convulsions;
- poisoning;
- respiratory difficulties;
- management of severe bleeding; and
- injury and basic wound care appropriate for children (*regulation 63 (2)*).

Where the service cannot provide sufficient numbers of adequately and appropriately trained educators/staff members who feel comfortable and confident to perform medical procedures or administer medication to the child, it may be agreed that the parent will come to the service to administer the medication, or arrangements made for a health professional to administer the medication at the service. Without one of these strategies in place, education and care at the service will not be possible.

#### **Medication Record**

All Surf Coast Shire Council Early Years Services will ensure that a *Medication Record* is kept that includes the following:

- name of the child;
- the authorisation to administer medication, signed by a parent/guardian or person named in the enrolment record as authorised to consent to administration of medication;
- name of the medication;
- time and date the medication was last administered;
- time and date, or the circumstances under which the medication should be next administered;
- dosage of the medication to be administered;
- manner in which the medication is to be administered.

#### If the medication is administered to the child:

- dosage that was administered;
- manner in which it was administered;
- time and date medication was administered;
- name and signature of the person who administered it;
- if required under r95; name and signature of other person who checked the medication.

#### **Administering Medication**

Whenever possible, medication should be administered by parents/guardians at home. However, this will not always be feasible. Therefore, to ensure children's safety and welfare, the giving of medication at the service will be strictly monitored and must be recorded on the applicable forms.

i) General Considerations

- Parents/guardians should consider whether their child who requires medication is well enough to be at the service, and to keep the child at home if unwell.
- If children are receiving medication at home but not at the service, the parent/guardian should advise staff/educator of the nature of the medication and its purpose and any possible side effects it may have for the child.
- The service will ensure that medication is only given when it is authorised and complies with this policy.
- Only prescribed medications will be administered (unless asthma reliever from the services First Aid Kit are required in response to an asthma emergency/respiratory distress emergency as previously referred to).
- Staff/educators must be fully trained to all requirements contained within Medical Management/Action Plans, ~~Medical Management Plans~~ and *Risk Minimisation and Communication Plans*.

ii) Non prescribed medications – Over the Counter Medications

- Non-prescription medications (available over the counter) are NOT to be received into the service or administered to children in the service by staff/educators; (unless asthma reliever from the services First Aid Kit are required in response to an asthma emergency/respiratory distress emergency as previously referred to).
- Alternative, homoeopathic, naturopathic and traditional medications are NOT to be accepted into the service or administered to children in the service by staff/educators.
- The Surf Coast Shire Council Early Years Services do not permit the self-administration of medications by children.

iii) Storage of Medications

- Medication must be given directly to staff/educator by family on arrival and not left in the child's bag or locker. On departure, the medication must be given by the educator to the parent/guardian to be taken home.
- All prescribed medications must have the original pharmacist's dispensing label (on box and bottle), or written and signed details provided by the doctor giving:
  - the child's name
  - name of medication
  - dosage
  - frequency
  - way it is to be administered
  - date of dispensing
  - expiry date
  - Storage requirements (eg. refrigeration)
- Immediately after administration of a dose, the medication must be returned to the appropriate storage area.
- All medication will be stored safely out of reach of children, but readily accessible to authorised educators/staff, and in accordance with the medication requirements.

iv) Process of Administration of Medications

- Before medication is given to a child the first aid trained educator/staff member will verify the correct dosage as prescribed by the doctor and check with another educator/staff member against the relevant *Medication Record*. After giving the medication both educators/staff members will complete the details on the *Medication Record* as outlined under 5.2.2 *Medication Record* in this document.
- Medication must NEVER be put into a child's bottle or drinking cup, unless instructed (in writing) to do so by a medical practitioner.
- Where the medication requires administration via other than an oral route or external application, only those educators/staff who feel comfortable to administer the medication; have a current First Aid Certificate and have received specific instruction from a health care professional will administer the medication.

## v) Application of Ointments or Creams:

- Parents are responsible for providing all creams and ointments in their original container/packaging directly to staff/educators on arrival at the service.
- All creams and ointments must be labelled by the parent/guardian with the child's name and date of birth (please ensure directions for use are not concealed).
- The application of medication as prescribed by a doctor must be recorded in the *Medical Record*.
- Parents/guardians are required to give permission for staff to apply prescribed or over the counter creams or ointments. Educators/staff will not apply ointments, creams or applications to children whose parents/guardians have not provided written consent on the *Medical Record*.
- Staff/educators will observe strict health and hygiene practices when applying prescribed or over the counter ointment or creams, to minimise risks to themselves and children.

## Definitions

### Medical condition

This may be described as a condition that has been diagnosed by a registered medical practitioner.

### Medical Management/Action Plan ~~Medical management plan~~

A document that has been prepared and signed by a registered medical practitioner that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child.

### Risk minimisation plan

A document prepared by service staff for a child, in consultation with the child's parents, setting out means of managing and minimising risks relating to the child's specific health care need, allergy or other relevant medical condition

### Communication plan

A plan that forms part of the policy and outlines how the service will communicate with families and staff in relation to the policy. The communication plan also describes how families and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of any medical condition such as anaphylaxis is enrolled at the service

## Related Procedure

Nil.

## References

### Related Surf Coast Shire Council and Early Years Services Policies

MPP-018	Workplace Health & Safety Policy
D14/94986	Administration of First Aid Policy
D14/105435	Infectious Diseases Policy
D14/94981	Early Years Emergency Management and Evacuation Policy
D22/217989	Early Years Enrolment & Orientation Policy
D15/33004	Early Years Supervision of Children Policy
D15/35300	Early Years Sun Protection Policy
D14/105413	Early Years Incident, Injury, Trauma and Illness Policy
D15/35312	Early Years Child Safe Environment Policy
D15/38683	Early Years Water Safety Policy
<a href="#">D23/86838</a>	<a href="#">Nutrition and Healthy Eating</a>
<a href="#">D23/163223</a>	<a href="#">Acceptance Refusal of Authorisations</a>

### Related Surf Coast Shire Council and Early Years Services Work Instructions and Forms

D16/54019	Children's Individual Anaphylaxis and Asthma Medication Expiry Date Form
D17/30062	Early Years Risk Minimisation and Communication Plan (accessible on Kinderloop)
D14/48936	Early Years Services Medication Record (accessible on Kinderloop)
D15/63330	Incident, Injury, Trauma and Illness record Form (accessible on Kinderloop)
<a href="#">D26/9118</a>	<a href="#">Kindergarten Medical and Confidential needs – template</a>

[D26/46180 Medication request form \(accessible on Kinderloop\)](#)  
[D18/92421 Immunisation No jab, No play – Work Instruction](#)

**Other References**

Education and Care Services National Law 2010  
 Education and Care Services National Regulations 2020  
 Victorian Children’s Services Regulations 2020  
 Victorian Children’s Services Act 2019  
 ACECQA National; Quality Framework Resource Kit  
 Childcare Service Handbook (Department of Education)  
 First Aide, Anaphylaxis and Asthma Management, DET website 2020  
[National Asthma Foundation](#)  
[Asthma Victoria](#)  
[ACECQA – First aid qualifications & training](#)  
[ACECQA – Guide to the National Quality Framework](#)  
[Allergy and Anaphylaxis Australia](#)  
[Australasian Society of Clinical Immunology and Allergy – ASCIA Action Plans for Anaphylaxis](#)  
[Diabetes Australia](#)  
[National Asthma Council Australia.](#)

~~[Definitions & Strategies in the Management of Diabetes for Education & Care Services – \(Diabetes Australia Victoria’s advocacy and diabetes educators and The Royal Children’s Hospital Melbourne’s Manager of diabetes education in August 2012\).](#)~~

**Document History**

Version	Document History	Approved by – Date
1	Approved	General Manager Culture and Community - 1 April 2014
2	Amended	Manager Aged and Family – 1 June 2015
3	Amended	Manager Aged and Family – 11 August 2017
4	Amended	Manager Community Strengthening – 17 April 2019
5	Amended	Manager Community Strengthening – 11 September 2020
6	Amended	Manager Community Strengthening – 29 March 2022
7	Amended	Manager Community Strengthening – 3 July 2023
8	Amended	Manager Community Strengthening – 6 March 2025
9	Amended	Manager Community Strengthening – 23 October 2025