CONFIDENTIAL

Wyndham Vale, Vic 3024
Mobile: 0401 258 563
info@reconnectingfamilies.au
reconnectingfamilies.au
ABN: 41 998 397 672



## **MEDICAL MANAGEMENT FORM**

A MEDICAL MANAGEMENT FORM IS REQUIRED TO BE COMPLETED BY THE RESIDENTIAL PARENT FOR EACH CHILD WITH A DIAGNOSED MEDICAL CONDITION PRIOR TO THE COMMENCEMENT OF SERVICE:

Please email the filled out form to Info@reconnectingfamilies.au

CHILD DETAILS
Name of Child:
Address:
Date of Birth:
TREATING DOCTOR DETAILS
TREATING DOCTOR BETAILS
Name of Doctor:
Practice:
Contact Number:
Email:
MEDICAL CONDITION
Name of Condition:
Does the child take any prescribed medication?  Yes  No
Name of Medication:
Will the medication be required during contact time? Yes No No
If yes, is the child able to self-administer the medication?
If no, does the contact parent know how to administer the medication?
Will you supply the medication and any other required items?  Yes  No
Do you expect this condition will impact the supervised contact time?  Yes  No
Does the condition impact dietary or feeding needs?

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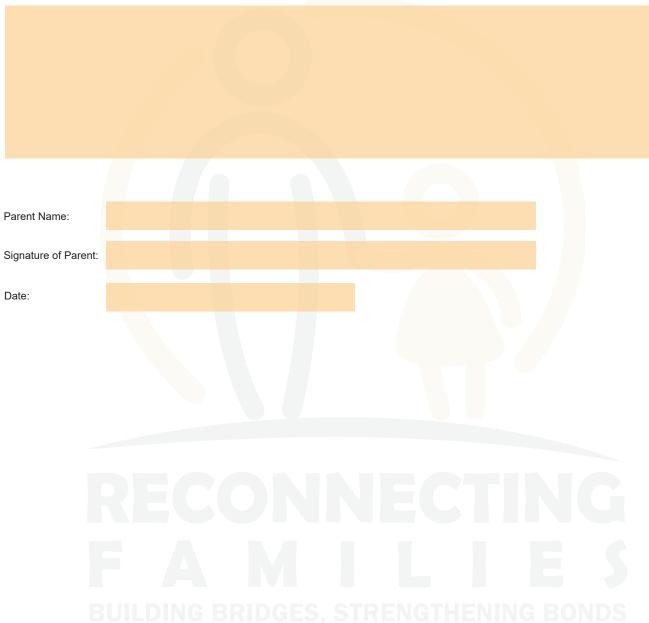


Does the condition impact toileting needs or result in incontinence issues?  Yes  No
Does the condition have any behavioral impacts or indicators?  Yes  No
If yes, please provide information below:
What are the indicators that a child with this condition requires immediate medical assistance?
Is the contact parent able to manage the medical condition?  Yes  No
MEDICAL CONDITION
Overview of Medical Condition:
Instructions for administration of medication:

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Impact for attendance at supervised contact:



3