

Medical Conditions/Allergy Communication Plan - Roseburg Alliance Church

Please complete the details below in order to assist us to effectively care for your child while they are under our supervision at Roseburg Alliance Church.

Child's Name:

Date of Birth: _____ Today's Date: _____

Attach
photo of
child here

MEDICAL CONDITION/ALLERGY MANAGEMENT

Specific health care needs or diagnosed medical condition (Condition, symptoms and triggers):

Please describe what symptoms will become evident when your child experiences a medical condition or allergic reaction:

Specific instructions for staff/volunteers including expectations for monitoring a medical condition (*volunteers and staff at Roseburg Alliance Church will not administer prescribed medications*):

Steps taken (by Roseburg Alliance and parents/guardians) to minimize the risk or exposure, including medications to be administered by Parent or Guardian (Please administer all medications or treatments in an area separated from other children):

Action Plan (steps to be taken by parents and staff/volunteers when a child experiences a medical condition)

****At the first sign of a medical condition or reaction, parents will be notified.***

EMERGENCY CONTACT INFORMATION

Parent/Guardian 1

Name:

Cell phone:

Parent/Guardian 2

Name:

Cell phone:

Medical Practitioner Contact Information:

Name:

Phone:

This plan is to be displayed in an area accessible by staff/volunteers who are responsible for your child's care. This information will not be used for any purpose other than to ensure the wellbeing of your child. Relevant staff and volunteers have been informed about this medical communication plan and know where to locate this plan in the case of an emergency.

I/We agree to these arrangements, including the display of our child's picture, first name, and brief description of allergy/condition in the room where this child receives care so that all relevant staff/volunteers have access to this Plan.

This plan will be reviewed at least annually or more frequently per the discretion of the Children's Ministry Director and/or child's parent/guardian.

Parent/Guardian signature:

Printed Name:

Date:

Children's Ministry Director signature:

Printed Name:

Date: