

# Modified diet care plan

for education, child/care and community support services\*

## CONFIDENTIAL

To be completed by the DOCTOR OR DIETITIAN and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT.

This form is to be used where a person has a proven history of food allergy or intolerance or requires a special diet for a proven medical condition.

This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student/client \_\_\_\_\_ Date of birth \_\_\_\_\_  
Family name (please print) First name (please print)

MedicAlert Number (if relevant) \_\_\_\_\_ Review date \_\_\_\_\_

**Foods and substances that must be avoided for the period of this plan** (see review date above).

**Alternative foods the person can consume** (eg soy products instead of standard dairy for lactose intolerance).

**Details of any special feeding routine** (eg meals at particular times or intervals for health reasons).

### In the case of food allergy/intolerance, what are the signs and symptoms?

Please indicate whether the person can report symptoms, the time period over which symptoms might emerge and the severity of the anticipated reaction.

### First aid response to signs and symptoms of an allergic reaction/intolerance to a food or other substance.

Please complete the first aid action plan on the back of this form.

If the reaction is severe, an anaphylaxis care plan, including an emergency first aid response, will be required from the treating medical practitioner.

#### This plan has been developed for the following services/settings: \*

- |                                                |                                                          |
|------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> School/education      | <input type="checkbox"/> Outings/camps/holidays/aquatics |
| <input type="checkbox"/> Child/care            | <input type="checkbox"/> Work                            |
| <input type="checkbox"/> Respite/accommodation | <input type="checkbox"/> Home                            |
| <input type="checkbox"/> Transport             | <input type="checkbox"/> Other (please specify)          |

#### AUTHORISATION AND RELEASE

Health professional \_\_\_\_\_ Professional role \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have read, understood and agreed with this plan and any attachments indicated above.**

**I approve the release of this information to supervising staff and emergency medical personnel.**

Parent/guardian  
or adult student/client \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Family name (please print) First name (please print)

# Individual first aid plan

for education, child/care and community support services\*

## CONFIDENTIAL

To be completed by the HEALTH PROFESSIONAL and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT for a child/student/client who requires individual first aid assistance.  
Standard first aid plans (for a range of conditions) can be found at [Pathways](#) on the *chess* website [www.chess.sa.edu.au](http://www.chess.sa.edu.au).  
This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student/client \_\_\_\_\_ Date of birth \_\_\_\_\_  
Family name (please print) First name (please print)

MediAlert Number (if relevant) \_\_\_\_\_ Date for next review \_\_\_\_\_

The child/student/client has a medical condition described as \_\_\_\_\_

And will require the following first aid response when these symptoms/reactions are observed.

Observable sign/reaction	First aid response
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">▽</p>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">▽</p>
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">▽</p>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">▽</p>
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">▽</p>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">▽</p>
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">▽</p>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">▽</p>

### This plan has been developed for the following services/settings: \*

- |                                                |                                                          |
|------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> School/education      | <input type="checkbox"/> Outings/camps/holidays/aquatics |
| <input type="checkbox"/> Child/care            | <input type="checkbox"/> Work                            |
| <input type="checkbox"/> Respite/accommodation | <input type="checkbox"/> Home                            |
| <input type="checkbox"/> Transport             | <input type="checkbox"/> Other (please specify)          |

### AUTHORISATION AND RELEASE

Health professional \_\_\_\_\_ Professional role \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***I have read, understood and agreed with this plan and any attachments indicated above.  
I approve the release of this information to supervising staff and emergency medical personnel.***

Parent/guardian  
or adult student/client \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Family name (please print) First name (please print)