

- This form will be completed for any child requiring Suctioning.
- An Action Plan completed by a member of the child’s healthcare team such as a specialist, GP or nurse should accompany this form.
- There must be a Risk Minimisation and Communication Plan completed together between the family and the service.

Details Must Match The Medical Action Plan Provided By The Medical Practitioner

Child’s Full Name:	
Is there a current Action Plan provided by a Medical Practitioner? Y / N	Date of Plan:
Name of Medical Practitioner:	Medical Centre Contact Details:
Name of Medical Centre or Hospital:	Reason for Suctioning:
Has the Medical Risk Minimisation and Communication Plan been completed? Y / N	Date:
Route of Suctioning:	Frequency as per Action Plan:
When Suctioning should occur (Symptoms/ regular times):	

PARENT/GUARDIAN: I give permission for an educator to perform Suctioning as per **the instructions on the Action Plan provided by the medical practitioner or Pharmacy/ Doctor Label**. I understand that, in the event of an emergency, educators will attempt to contact parents/guardians or authorised nominee as per the child’s enrolment form prior to administering however if unable to do so educators will act based on the above details. I authorise the centre to contact the Ambulance Service in the event that my child requires further medical attention and authorise the transportation and treatment as advised by Medical Staff. I accept all financial costs related to the transportation and treatment required. I understand that the health and safety of my child is the main priority at the service and as such information about my child’s allergies or serious medication conditions may be on display, including their picture and name. While this information is primarily for the educators at the service it may be viewed by students, volunteers, visitors and other families. A condition of enrolment at this service is that this information is readily available to ensure your child’s safety.

Parent/Guardian Full Name: _____ Signature: _____ Date: _____

Nominated Supervisor: _____ Signature: _____ Date: _____

Suction Checklist:

- Machine is charged
- Machine is assembled ready for use
- Machine maintenance check is in date
- Collection canister is empty
- Suction catheters / Yankeur suckers are appropriate size
- Suction catheters / Yankeur suckers are clean and ready for use
- Gloves are available

Child's Full Name:

Record Dosage On The Reverse Of This Form

Date	Time	Reason for suctioning	Outcome of suctioning (Was suctioning successful Y/N)	Medical Attention Sought	Any Adverse Outcomes (Vomiting, excessive coughing)	Educator Full Name	Educator Signature	Parent Signature