

PARENT FORMS GUIDE (OWNA)

Please refer to the service Policy and Procedure handbook for detailed guidance. The following is a summary of commonly used forms in OWNA.

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(Version: 29 02 2024)

Ongoing/Non-Prescribed Medication/Cream Form

Submitting an Ongoing/Non Prescribed Medication Parent App

1. On the Parent App > Tap on Child name (in left hand window area)
2. Click on 3 dot ellipsis button
3. Click on Ongoing/Non Prescribed Cream Form
4. Complete details within form, Sign and Submit.

The screenshot shows a mobile app interface for submitting a form. At the top, there is a green header with the text "Ongoing/Non Prescribed Cream Form". Below the header, the form fields are as follows:

- Medication/Cream***: A dropdown menu with "-select-" selected.
- Name of Medication/Cream***: A text input field with the placeholder "enter name here".
- Expiry Date***: A date picker showing "e.g. 2019-09-30".
- Doctor/Pharmacist name**: A text input field with the placeholder "enter doctor/pharmacist name (if applicable)".
- Reason for Medication/Cream?**: A text input field with the placeholder "enter reason for cream/sunscreen".
- When and dosage to be applied***: A text input field with the placeholder "enter when and dosage to be applied".
- Has this cream/medication been applied to this child before?**: Radio buttons for "Yes" (selected) and "No".
- Next dosage is to be applied**: A date picker showing "e.g. 2019-09-30".
- Name of Authorised person***: A text input field with the placeholder "enter name of authorised person".
- Date Authorisation given***: A date picker showing "e.g. 2019-09-30".
- Signature of Authorised person***: A text input field with a small "x" icon to its right.

At the bottom left, there is a small text note: "Important note: Only a lawful parent/guardian or an authorised person named on child's enrolment form may authorise the administration of any ongoing medication, non-prescribed nappy cream or sunscreen." Below this note is a green "Submit" button.

Ongoing/Non-Prescribed Medication/Cream Form Guidance

IMPORTANT NOTES:

This form is to give permission for the administration of Nappy Creams, Sun Screen Creams and Mosquito Repellents by the service. This form is not for the use for Prescription Medications. Please note for Teething Gels use a Medication Report form (see guidance below).

Only the following creams and repellents are allowed on this form. If you wish to use another cream or spray, please complete the form "Medication Record."

Accepted Nappy Rash Creams using this form: Sudocrem Bay Cream, Am o Lin Baby Cream – Nappy Cream, Lucas Papaw Ointment Nappy Cream, Curash Baby Care Nappy Rash Cream, Destin Nappy Ointment, Bepanthen Nappy Rash Ointment, Johnsons Baby Nappy Cream, Moo Goo Nappy Balm, Danktozin Ointment – Nappy Rash, Vaseline Petroleum Jelly, Skin Basics – Soothing & Protection: Zinc & Castor Oil Cream (ONLY).

Sunscreen Cream using this form: Any sun protection product with an approved label for use by children.

Mosquito Repellent Sprays and Creams using this form: Product has an approved label for use by children. For example: Aero Guard Odourless Protection – 12 months of age and over. Other products accepted.

(Parent needs to review recommended age of child for use of product and provide permission for service to use).

The cream, spray and repellent is required to be in its original container bearing the original label with your child's full name on it and within the expiry date. Please do not cover product instructions.

Sick and ill children are not allowed to attend the service per our service policies.

*****OWNA FORM*****

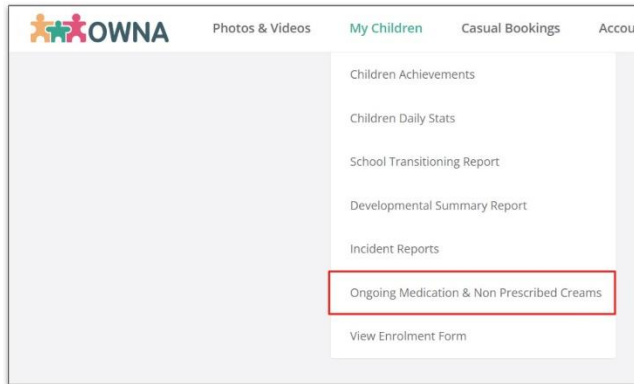
These forms will automatically be transferred to the child profile / Child Documents (also be able to be viewed in the OWNA App by Educators and Parents. See: View child documents)

Email received once form completed by parent on App:

Subject: FYI: <Parent Name> has submitted a Ongoing/Non Prescribed Cream Form - Nappy Rash Cream for <Child Name>.

Parent Portal

1. On the Parent Portal > Click on My Children
2. Click on Ongoing Medication & Non Prescribed Cream Form
3. Complete details within form, Sign and Submit.



Accessing Completed Ongoing/Non Prescribed Medication Educators on Portal

1. On the Admin Portal > Children > Children Documents
2. The documents will list in date order, or you can use the filter to select the child name.
3. Click on the edit option to the right to View the documents for that child.

Educators on App

1. On the App > Click on the left hand icons (3 horizontal lines)
2. Tap on the child name > click on the 3 dots (ellipsis button)
3. Click on View Documents where the form will be located.

FYI: <Parent Name> has submitted an Ongoing/Non Prescribed Cream Form - Nappy Rash Cream for <Child Name>.

Service OWNA App: On submission the form by parent will display in Child Profile > View Documents > “Non Prescribed Cream Form – Nappy Cream”

Information needs to be added to Child Profile: the information submitted in the **Ongoing/Non-Prescribed Medication/Cream Form**

Extract from Child Profile in OWNA portal:

If use own sun screen cream: Tick this box

Own Sunscreen	<input type="checkbox"/> Click if child requires their own Sunscreen
Anaphylaxis	<input type="checkbox"/> Click if child has Anaphylaxis
Allergies	<input type="checkbox"/> Click if child has Allergies
Asthma	<input type="checkbox"/> Click if child has Asthma
Dietary Restrictions	<input type="checkbox"/> Click if child has any dietary restrictions

Mild Allergies, Dietary Requirements Cultural/Special Needs etc. (Denoted with on App)	List allergies/special needs e.g. Asthma, Nuts, Requires two Sleep etc
Severe Medical Conditions (Denoted with on App)	List conditions e.g. Anaphylaxis

(Use Tags in OWNA Portal to flag information)

Example of Information to include in the field “Mild Allergies, Dietary Requirements, Cultural/Special Needs, etc”

Own Sunscreen:

- Tick the Own Sun Screen Cream box
- Include the following narration in the text box: “Mild Allergies, Dietary Requirements, Cultural/Special Needs, etc” For example: “Own Sun Screen Cream: Name of cream:

<Insert Name of Product> Any other parent instructions on form. (This information will show on App for educator to view.)

Nappy Rash Cream:

- In Toileting > Tick Nappy Rash Cream


Toileting *Select Toileting Type*
Nappy
 Click if child requires Nappy Rash Cream

- Include the following narration in the text box: “Mild Allergies, Dietary Requirements, Cultural/Special Needs, etc” For example: “Nappy Rash Cream: Name of cream: <Insert Name of Product> (apply nappy rash creams during nappy changes). Start Date to Apply: DD/MM/YY If any date to end: DD/MM/YY Any other parent instructions on form. (This information will show on App for educator to view.)

Own Mosquito Repellents

- Include the following narration in the text box: “Mild Allergies, Dietary Requirements, Cultural/Special Needs, etc” For example: “Own Mosquito Repellent: Name of Product: <Insert Name of Product> (apply repellent when playing outside). Start Date to Apply: DD/MM/YY If any date to end: DD/MM/YY Any other parent instructions on form. (This information will show on App for educator to view.)

In Child Profile > Child Documents (Also viewable in OWNA App > Child Profile . View Documents)

Medication Report	Medication Report Guidance
<p>Submitting Medication Records</p> <p>From the Parents App </p> <ol style="list-style-type: none"> 1. Press on the Hamburger Button (top left corner) 2. Select the child 3. Use the 3-ellipsis icon (right corner) to open the Child Menu 4. Select Create Medication Report 5. Enter medication details (name, reason, last administered, expiry date) 6. Check the box if the mediation is recurring (needs to be administered each time the child attends) & an end date 7. Enter date, time and dosage for the next administration (click add more if multiple dosages are required per day) 8. Add a photo of the medication label (optional) 9. Sign at the bottom of the form 10. Click the arrow in the top right corner to submit 	<p>Using OWNA Medication Record for reoccurring medication used short term and regular daily use. For example: Medical Treatment such as Prescribed Antibiotics, Teething Gels, or Asthma Ventolin that needed at a set time each day for a period of time (ie a week). Parents need to include all dosage dates and times in medication report. A child is not to attend the service if ill or unwell.</p> <p>OWNA Medication Report is Not to be used for Asthma Puffers, Zyrtec or Epi Pens used to treat as part of ongoing medical condition that is documented in a child’s Medical Management Plan. These are recorded as Medicine in the service and when used for treatment of a medical incident complete an Incident, Injury, Trauma & Illness Record Form to record the treatment of illness.</p> <p>Important: if child has a medical condition management plan but the medication is needed to be given under instructions by a doctor or parent at set times and dates (that is not documented in Medical Management Plan), a Medication Report form needs to be completed by parent documenting the times and dates to give child the medication.</p> <p>Parent: https://ownaportal.tawk.help/article/create-medication-records Parent completed a Medical Report via the OWNA App > Child Profile > Create Medical Record Information Needed on Form (Parent is also required to verbally discuss medication with educator on drop-off and hand medication to educator. Ie do not leave medication in bag, etc)</p> <ol style="list-style-type: none"> 1. Name of Medication 2. Reason for Medication 3. Expiry Date 4. Last Administered (Date / Time) 5. Is this a recurring medication (tick Yes or No) – If Yes (need to complete all dates and times for all dosages). If tick yes, Recurring end date ; Enter date 6. Date and time, or the circumstances under which the medication should be next administered. -To be Administered: -Dosage to be Administered: -Method of Administered: <p>ADD More button (this will add the step 6 in again – ie multiple dosage date and times per day or over the week)</p> <p>Parent Signature</p>

8:22 am Tue 27 Feb 100%

Medication Record

Medication Details

Name of Medication _____

Reason for Medication _____

Expiry Date _____

Last Administered (Date/Time) _____

Is this a Recurring Medication?

Date and time, or the circumstances under which, the medication should be next administered

To Be Administered _____


Dosage To Be Administered _____

Method of Administration _____

Add More

Parent/Guardian Signature

Signature _____



Email Notification on lodgement of Medication Record:

Subject: Medication Record has been submitted

Automessage - Medication Record has been submitted for <Child Name>. It was submitted by <Parent Name>.

Educator / Service

OWNA App: See Child Profile > Medical Record

- Educator can view medication record prepared by parent
- On the form there is a Add Medication Administered (the following info is required by educator)

- a) Date / time
- b) Dosage administered
- c) Method of administration
- d) Person administering medication (and completing this record): name and signature
- e) Witness signature and name
- f) Questions: Is the medication in its original container bearing the original label with the name of the child whom the medication is to be administered and where the medication must be stored?
- g) Question: I checked the “five rights of medication administration” – right child, right medication, right dosage, right time and right manner – with the witness before administering the medication
- h) Comments: this is from the parent form. (these comments can not be edited by educator)

See OWNA Portal > Children > Medication Report

- List of all medical reports prepared
- Can create a new medication report (see above instructions / guidance)

Educators do create Medication Records this is responsibility of parent or authorised guardian.

OWNA Portal > Children > Medication In Centre

Service report of all medication in service

- Used to review medication boxes in each room.
- Track expiry date of medication held at service.
- ALL medications in service should have medical management plans or a medication records.

Medication in Centre Registry

Home / Children / Medication in Centre Registry

Record all Medications that the Centre holds here.

Child (if any)

Child Test

Name of Medication*

Ventolin - Asthma

Expiry Date*

2024-08-30

Comments/Reason

Medical Management Plan as suffers from Astham.

Upload Images, Video or PDF (up to 10)

Drop files here or click to upload.
(Wait for files to be uploaded before submitting)

Add to Log

Service Reports / List of Medication Held at Service See: OWINA Portal > Children > Medication in Centre Registry

Medication in Centre Registry


1.Seahorse

Current

Sort by Date Added

Get Medication

#	Medication	Child	Comments	Expiry	Date Added	
1	Ventolin - Asthma Logged by: Scott Zannes	Child Test	Medical Management Plan as suffers from Astham.	Aug 30, 2024	Jan 27, 2024	edit delete

Medical Condition Management Plans	Medical Condition Management Plans Guidance
<p>It is a regulatory requirement for children that have a Medical Conditions to have a “Medical Condition Management, Risk Minimisation & Communication Plan” in place before they commence at the service.</p> <p>Please see the service policy on Medical Condition Management:</p> <p>The service has several templates for Medical Condition Management Plans that are prepared by Parents:</p> <ul style="list-style-type: none"> - Asthma Management, Risk Minimisation & Communication Plan - Anaphylaxis Management, Risk Minimisation & Communication Plan - Allergy Management, Risk Minimisation & Communication Plan - Medical Condition Management, Risk Minimisation & Communication Plan (this is a general form to cover all other medical conditions) <p>The parent is required to arrange their doctor to prepare an Action Plan to accompany the Medical Condition Management, Risk Minimisation & Communication Plan. For Example:</p> <ul style="list-style-type: none"> - Action Plan for Anaphylaxis - Action Plan for Allergy - Asthma Action Plan 	<p>For a copy of the service medical conditional management, risk minimisation and communication plans please consult the Centre Director. For Action Plans (ie Anaphylaxis, Asthma and Allergies) please see the ASICA or Asthma Australia for current templates.</p> <p>Child Enrolment Form</p> <ul style="list-style-type: none"> - Within each child’s enrolment form there are several questions that ask the parent if their child has any medical conditions. If they answer yes on the form they need to prepare a Great Start ELC: Medical Condition Management, Risk Minimisation & Communication Plan” and also prepare a ASICA or Asthma Australia action plan and have it signed by their child’s doctor - If after initial enrolment, the child is diagnosed with a medical condition. The parent must inform the service as soon as possible, update the children enrolment form and provide a “Medical Condition Management, Risk Minimisation & Communication Plan” and ASICA or Asthma Australia action plans. - All medical conditions needs to be recorded on enrolment form. Enrolment forms need to be edited/updated with current information by parent. <p>(Use Tags in OWNA Portal to flag information)</p> <p><i>(If the parent uploaded the “Medical Condition Management, Risk Minimisation & Communication Plan” and ASICA or Asthma Australia action plans”, the document will file in the Child Document folder automatically and be accessible on the OWNA app. If they do not have completed forms the Centre Director will need to ensure this is exchanged with complete forms.)</i></p> <div data-bbox="831 925 2172 1396"> <p>Does your child have Anaphylaxis?* <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, please undertake the following:</p> <ol style="list-style-type: none"> 1) Complete “Anaphylaxis Management, Risk Minimisation & Communication Plan - this is obtained from the service 2) Complete an ASCIA Action Plan for Anaphylaxis form (Found at ASCIA www.allergy.org.au). Have the forms signed by your child’s doctor 3) The medical practitioner review date must be less than 12 months. <p>Medical Condition and Illness documents: Anaphylaxis Management, Risk Minimisation & Communication Plan AND ASCIA Action Plan for Anaphylaxis Reactions form</p> <div style="border: 1px dashed green; padding: 10px; text-align: center;"> <p>Drop files here or click to upload. (Wait for files to be uploaded before submitting)</p> </div>  </div>

Example of current forms:

Medical Condition Management, Risk Minimisation & Communication Plan

PLEASE NOTE: THESE ARE GENERAL MEDICAL CONDITION PLANS FOR ALLERGY, ASTHMA AND DIABETES. DO NOT USE THIS FORM FOR OTHER MEDICAL CONDITIONS.

Please complete this form online or print and scan to e-mail to forms@ascia.org.au or bring to your child's GP/Allergist. Please refer to the ASCIA website for more information on how to use this form.

Child's Name: _____ Date for Review: _____ ATTACH PHOTO OF CHILD

State of Birth: _____ Date for Review: _____

MEDICAL CONDITION MANAGEMENT
Specialist health care team or specialist medical condition:

Family doctor/physician or general practitioner (if you do not have a medical condition):

When your child has medical conditions:
As the sign-off of a medical condition please advise your practising medical:

Name of condition: _____
Date of onset of condition: _____

Frequency of appointment: _____
Number of appointments: _____

Name of doctor or contact: _____
Specialist health care team or specialist medical condition (if you do not have a medical condition):

Diagnosed by: _____
Date: _____

ASCIA is a not-for-profit organisation. We do not have a profit motive. We are a registered charity. ASCIA is a registered charity. ASCIA is a registered charity.

ascia ACTION PLAN FOR Allergic Reactions

For use with correct adrenaline (epinephrine) autoinjector

Name: _____ Date of birth: _____

Confirmed allergies: _____

Family emergency contact (name): _____
Relationship: _____
Mobile No: _____
Home No: _____
Work No: _____

The treating doctor or health care professional should be consulted for advice on the use of adrenaline autoinjector. Adrenaline autoinjector should be used as soon as possible. Adrenaline autoinjector should be used as soon as possible. Adrenaline autoinjector should be used as soon as possible.

How to give Epinephrine?

1. Lay person flat - do NOT allow them to stand or walk
2. If unconscious or pregnant, place in recovery position
3. On left side if pregnant, or prone below
4. If breathing is difficult, allow them to sit with legs outstretched
5. Hold young children flat, not upright

2. GIVE ADRENALINE AUTOINJECTOR IF AVAILABLE

1. Phone ambulance (000 (AU) or 112 (NZ))
2. Phone family/emergency contact
3. Transfer person to hospital for at least 4 hours of observation
4. IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR
5. ALWAYS GIVE ADRENALINE AUTOINJECTOR FIRST, and then asthma medicine (if available) if symptoms are not improving after 5 minutes. If symptoms are not improving after 5 minutes, repeat the adrenaline autoinjector. If symptoms are not improving after 5 minutes, repeat the adrenaline autoinjector.

ASTHMA ACTION PLAN

Fill in when you visit your doctor

Name: _____ Date: _____

EMERGENCY CONTACT
Name: _____ Phone: _____
Address: _____

WELL CONTROLLED (all of these...)

1. Nocturnal cough/wake-ups
2. Nocturnal wheezing
3. Nocturnal breathlessness
4. Nocturnal chest tightness
5. Nocturnal cough/wake-ups

1. TAKE preventer
2. TAKE preventer
3. TAKE preventer
4. TAKE preventer
5. TAKE preventer

FLARE-UP (asthma symptoms getting worse)

1. Nocturnal cough/wake-ups
2. Nocturnal wheezing
3. Nocturnal breathlessness
4. Nocturnal chest tightness
5. Nocturnal cough/wake-ups

1. TAKE preventer
2. TAKE preventer
3. TAKE preventer
4. TAKE preventer
5. TAKE preventer

SEVERE (asthma symptoms getting worse)

1. Nocturnal cough/wake-ups
2. Nocturnal wheezing
3. Nocturnal breathlessness
4. Nocturnal chest tightness
5. Nocturnal cough/wake-ups

1. TAKE preventer
2. TAKE preventer
3. TAKE preventer
4. TAKE preventer
5. TAKE preventer

EMERGENCY (is one of these...)

1. Nocturnal cough/wake-ups
2. Nocturnal wheezing
3. Nocturnal breathlessness
4. Nocturnal chest tightness
5. Nocturnal cough/wake-ups

1. CALL AMBULANCE NOW
2. START ASTHMA FIRST AID

ascia ACTION PLAN FOR Anaphylaxis

For use with correct adrenaline (epinephrine) autoinjector

Name: _____ Date of birth: _____

Confirmed allergies: _____

Family emergency contact (name): _____
Relationship: _____
Mobile No: _____
Home No: _____
Work No: _____

The treating doctor or health care professional should be consulted for advice on the use of adrenaline autoinjector. Adrenaline autoinjector should be used as soon as possible. Adrenaline autoinjector should be used as soon as possible. Adrenaline autoinjector should be used as soon as possible.

How to give Epinephrine?

1. Lay person flat - do NOT allow them to stand or walk
2. If unconscious or pregnant, place in recovery position
3. On left side if pregnant, or prone below
4. If breathing is difficult, allow them to sit with legs outstretched
5. Hold young children flat, not upright

2. GIVE ADRENALINE AUTOINJECTOR

1. Phone ambulance (000 (AU) or 112 (NZ))
2. Phone family/emergency contact
3. Further adrenaline may be given if no response after 5 minutes
4. Transfer person to hospital for at least 4 hours of observation
5. IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR
6. ALWAYS GIVE ADRENALINE AUTOINJECTOR FIRST, and then asthma medicine (if available) if symptoms are not improving after 5 minutes. If symptoms are not improving after 5 minutes, repeat the adrenaline autoinjector. If symptoms are not improving after 5 minutes, repeat the adrenaline autoinjector.

Does the child have any allergies? Yes No

- If yes, please undertake the following:
- 1) Complete "Allergy Management, Risk Minimisation & Communication Plan - this is obtained from the service"
 - 2) Complete an ASCIA Action Plan for Allergic form (Found at ASCIA - www.allergy.org.au). Have the forms signed by your child's doctor
 - 3) Medical Condition and illness documents: Allergy Management, Risk Minimisation & Communication Plan AND ASCIA Action Plan for Allergic Reactions form

Medical Condition and illness documents: Allergy Management, Risk Minimisation & Communication Plan AND ASCIA Action Plan for Allergic Reactions form

Drop files here or click to upload.
(Wait for files to be uploaded before submitting)



Does your child have Asthma? Yes No

- If yes, please undertake the following:
- 1) Complete "Asthma Management, Risk Minimisation & Communication Plan - this is obtained from the service"
 - 2) Complete an Asthma Australia Asthma Care Plan for Education and Care Service form Reactions form (Found at Asthma Australia - asthma.org.au). Have the forms signed by your child's doctor
 - 3) The medical practitioner review date must be less than 12 months

Medical Condition and illness documents: Asthma Management, Risk Minimisation & Communication Plan AND Asthma Australia Asthma Care Plan for Education and Care Service form

Drop files here or click to upload.
(Wait for files to be uploaded before submitting)

Does your child have another medical condition not listed above (for example diabetes, epilepsy, hearing loss, etc)? Yes No

- If yes, please undertake the following:
- 1) Complete "Medical Management, Risk Minimisation & Communication Plan - this is obtained from the service"
 - 2) If required have the forms completed and signed by your child's doctor
 - 3) The medical practitioner review date must be less than 12 months

Detail of other medical conditions

Eczema - on over the body especially in joints of limbs. Indications is through red, dry and flakey patches on the skin and scratching will also indicate irritation and flare of eczema. Heat and cold wind and grass causes intense irritation. Medical report has been provided by Dr Peter Beggs Paediatrician (ASCIA report)

Medical Condition and illness documents: Any other medical condition (for example diabetes, epilepsy, hearing loss, etc) complete a Medical Management, Risk Minimisation & Communication Plan

Drop files here or click to upload.
(Wait for files to be uploaded before submitting)



Does the Child Have Any Dietary Restrictions? If you child has a food intolerance, please complete the Allergy question and documentation above. Yes No

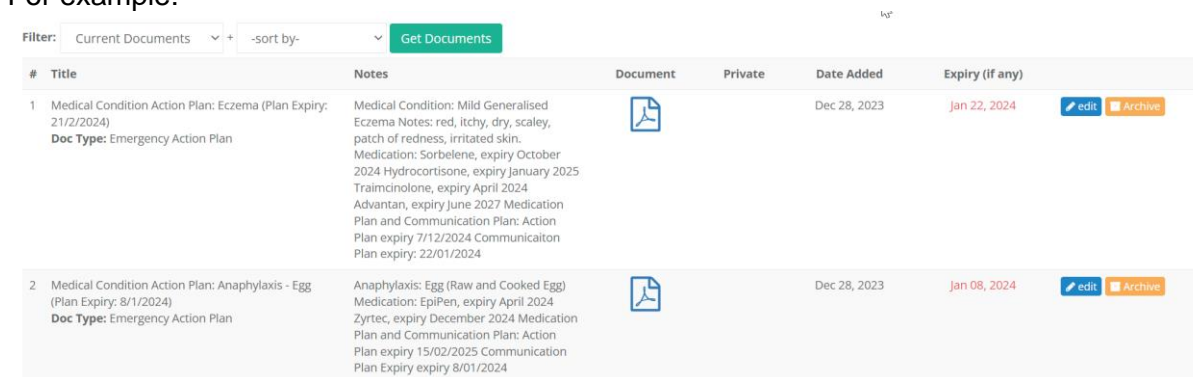
Dietary Restriction Details

No Cooked, Baked or Raw EGG



Service Procedures:

- Centre Director reviews the “**Medical Condition Management, Risk Minimisation & Communication Plan**” and **ASICA or Asthma Australia action plans. Ensure all field and questions are completed.** (*Child is not to commence if all forms are completed correctly*)
- Centre Director discussed and provided the completed medical management plans with team. Assess any training needs.
- Display in Medical Condition Management Folder: the child’s “**Medical Condition Management, Risk Minimisation & Communication Plan**” and **ASICA or Asthma Australia action plans.**
- In OWNA Child Profile > Child Documents > See the “Medical Condition Management, Risk Minimisation & Communication Plan” and ASICA or Asthma Australia action plans.
- Enter expiry date of plan: a reminder (*set to 4 weeks before the expiry date of plans to allow parent to provide new plan before current plan expires*)
- Archive old forms.

For example:



The screenshot shows a document management interface with a filter set to 'Current Documents' and a 'Get Documents' button. Below is a table with columns for #, Title, Notes, Document, Private, Date Added, and Expiry (if any). Two rows are visible, each representing a medical action plan for Eczema and Anaphylaxis.

#	Title	Notes	Document	Private	Date Added	Expiry (if any)
1	Medical Condition Action Plan: Eczema (Plan Expiry: 21/2/2024) Doc Type: Emergency Action Plan	Medical Condition: Mild Generalised Eczema Notes: red, itchy, dry, scaly, patch of redness, irritated skin. Medication: Sorbelene, expiry October 2024 Hydrocortisone, expiry January 2025 Traimcinolone, expiry April 2024 Advantan, expiry June 2027 Medication Plan and Communication Plan: Action Plan expiry 7/12/2024 Communication Plan expiry: 22/01/2024			Dec 28, 2023	Jan 22, 2024
2	Medical Condition Action Plan: Anaphylaxis - Egg (Plan Expiry: 8/1/2024) Doc Type: Emergency Action Plan	Anaphylaxis: Egg (Raw and Cooked Egg) Medication: EpiPen, expiry April 2024 Zyrtec, expiry December 2024 Medication Plan and Communication Plan: Action Plan expiry 15/02/2025 Communication Plan Expiry expiry 8/01/2024			Dec 28, 2023	Jan 08, 2024

- OWNA Portal Child Profile: Update **Mild Allergies, Dietary Requirements Cultural/Special Needs etc. AND Severe Medical Conditions**

Tick as appropriate:

- Anaphylaxis
- Allergies
- Asthma
- Dietary Restrictions

OWNA Portal > Child profile Example:

Own Sunscreen Click if child requires their own Sunscreen

Anaphylaxis Click if child has Anaphylaxis

Allergies Click if child has Allergies

Asthma Click if child has Asthma

Dietary Restrictions Click if child has any dietary restrictions

Mild Allergies, Dietary Requirements Cultural/Special Needs etc.
(Denoted with **●** on App)

(1) Mild Generalised Eczema:
(a) Everyday maintain for eczema with Sorbolene = Glycerine 10%. Reapply Sorbolene cream to effect areas (When?)
(b) Flare Up Treatment - Hydrocirtisone 1% and Triamcinolone cream (prescription).
(c) Severe Flare Up and Dribble rash - Triamcinolone and Advantan (Cream)

(2) Use of Own Sunscreen

Severe Medical Conditions
(Denoted with **Ⓢ** on App)

(1) Anaphylaxis to Eggs (Raw & Cooked Eggs)
a) Medication to Treat Reaction to Egg: Zyrtec (Expiry December 2024) & EpiPen (Expiry April 2024)
b) Anaphylaxis Management, Risk Minimisation & Communication Plan:
- Epi-pen Action Plan Expiry (Signed by Doctor): 15/02/2025
- Service Anaphylaxis Mgt, Risk & Communication Plan Expiry: 8/01/2024

(Use Tags in OWNA Portal to flag information)

Viewing of Medical Conditions Management Summaries in OWNA App. (see child profile in App)

*** Severe Medical Condition *** ⓘ

(1) Anaphylaxis to Eggs (Raw & Cooked Eggs)
a) Medication to Treat Reaction to Egg: Zyrtec (Expiry December 2024) & EpiPen (Expiry April 2024)
b) Anaphylaxis Management, Risk Minimisation & Communication Plan:
- Epi-pen Action Plan Expiry (Signed by Doctor): 15/02/2025
- Service Anaphylaxis Mgt, Risk & Communication Plan Expiry: 8/01/2024

< **Allergies, Dietary & Other Information** ⓘ >

(1) Mild Generalised Eczema:
(a) Everyday maintain for eczema with Sorbolene = Glycerine 10%. Reapply Sorbolene cream to effect areas (When?)
(b) Flare Up Treatment - Hydrocirtisone 1% and Triamcinolone cream (prescription).
(c) Severe Flare Up and Dribble rash - Triamcinolone and Advantan (Cream)

(2) Use of Own Sunscreen

Immunisation Records

Parents Uploading Child Immunisation

Overview

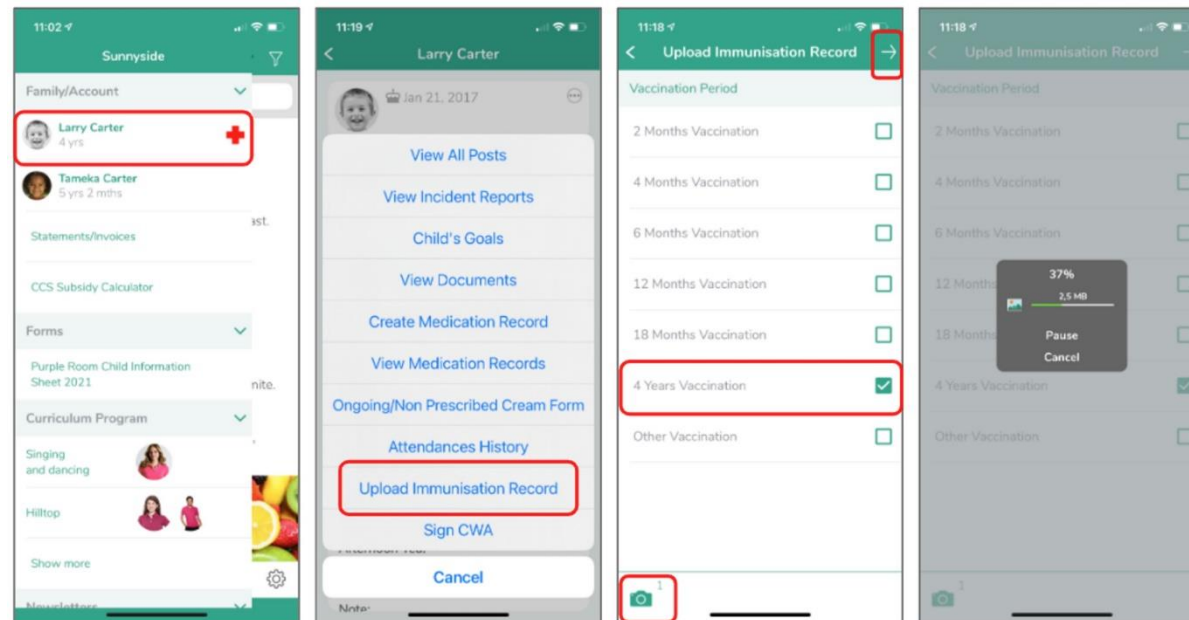
Parents are required to upload their child/rens Immunisation History directly on the app when they are completed. We recommend tracking your child immunisation due dates to avoid impacting your Child Care Subsidy entitlement.

Once uploaded, this will send the Centre an email advising you have updated. The will also automatically update the Immunisation Matrix for the Centre.

Upload

☰ Open the menu (hamburger icon top left)

1. Select a child
 2. Open the child menu (3 dot ellipsis button in the top right)
 3. Select Upload Immunisation Record
 4. Choose the Vaccination Period (select more than one if needed)
 5. Tap on the Camera Icon to take a photo of the Immunisation Record.
 6. Press the Arrow in the top right corner to upload
- See example of screen shot below.

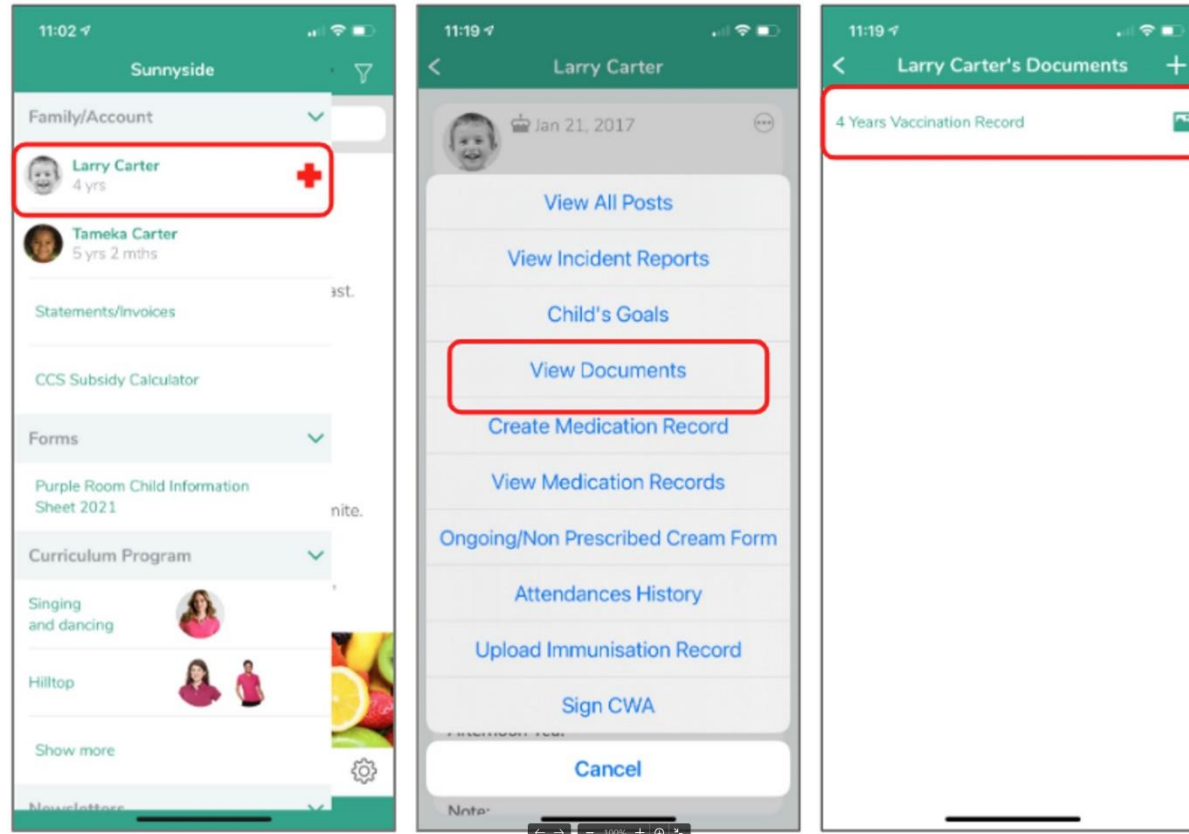


View (what you have uploaded)

☰ Open the menu (hamburger icon top left)

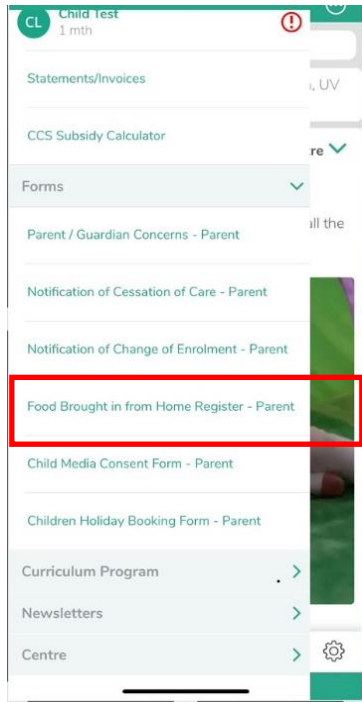
1. Select a child
2. Open the child menu (3 dot ellipsis button in the top right)
3. Select View Documents
4. Select the Vaccination Record to Open and View

See example of screen shot below.



Food Brought From Home Form

Complete for via the OWNA Parent App > Forms > Food Brought from Home Form - Parent



Food Brought from Home Form Guidance

Parent completed via OWNA App. To see completed Food Brought from Home Form, see OWNA App / children / select child / select three dots in circle / select view documents / food brought from home form. (Please note the form will only appear once the form has been transferred to child profile by a person who has admin permissions. The form can view by an educators in on the OWNA Portal > see 'Managed Custom Forms' > see Food Brought from Home form folder).

Procedure to be taken when a parent/child brings in external food to be consumed at the service (i.e. for bottles, birthday cake / cupcakes / lunches, etc):

- Educators will not administer any food or drink to a child if the food brought from home form is not completed correctly for each item of food/drink, including bottles with formula or/and bottles with only boiled water.
- All items need to be labelled with the child's full name and date brought in. All refrigerated products are highly discouraged but if you have to, the temperature will need to be taken on arrival, and if the temperature is taken over 5 degrees, the product will NOT be administered to the child, due to product sitting within danger zone temperature.
- Food allergies policy and procedures need to be adhered to.
- The parent needs to complete the Food Brought From Home Form via their OWNA app. This should include a photo of the ingredients list. The food needs need to comply with the service food safety plan and any restricted foods due to allergies and healthy food guidelines, etc.
- Parent needs to provide food to the Room Leader (or most senior educator in the room). A review of the food brought from home form sent in by the parent and the food ingredients needs to take place. Food needs to have an ingredients label (from a commercial shop/ ie not home made).
- If no Food Brought From Home Form is provided the service is unable to provide food to children.

When form is submitted by parent: Service will receive the following email:

Subject: Form Response Submitted by <PARENT NAME>

Automessage - A Custom Form response has been submitted by <PARENT NAME> for the Form – Food Brought from Home Form (Parent).

Food Brought From Home Form (See OWNA Parent App > Forms)

9:35 am Tue 27 Feb 99%

Food Brought in from Home Form (MCELC)

Food Brought in from Home Form

Procedures to be taken when a parent/child brings in external food to be consumed at the service:

- Food allergies policy and procedures need to be adhered to.
- Educators will not administer any food or drink to a child if the food brought from home form is not completed correctly for each item of food/drink, including bottles with formula or/ and bottles with only boiled water.
- All items need to be labelled with the child's full name and date brought in. All refrigerated products are highly discouraged but if you have to, the temperature will need to be taken on arrival, and if the temperature is taken over 5 degrees, the product will NOT be administered to the child, due to product sitting within danger zone temperature.
- The parent needs to complete the Food Brought From Home Form via their OWNA app. This should include a photo of the ingredients list. The food needs need to comply with the service food safety plan and any restricted foods due to allergies and healthy food guidelines, etc.
- Parent needs to provide food to the Room Leader (or most senior educator in the room). A review of the food brought from home form sent in by the parent and the food ingredients needs to take place. Food needs to have an ingredients label (from a commercial shop/ ie not home made).
- If no Food Brought From Home Form is provided the service is unable to provide food to children.

Date Food Brought into Service

Choose Date

Parent Full Name (First and Last Name)

9:36 am Tue 27 Feb 99%

Food Brought in from Home Form (MCELC)

Child Full Name (First and Last Name)

Child Full Name (First and Last Name)

Room Child Attends

Select Room

Description of Food / Product

Description of Food / Product

List of Ingredients

List of Ingredients

Food contains nuts? (Please note our service is nut-free)

- No

- Yes

Food contains eggs?

- No

- Yes

9:36 am Tue 27 Feb 99%

Food Brought in from Home Form (MCELC)

List of Ingredients

Food contains nuts? (Please note our service is nut-free)

- No

- Yes

Food contains eggs?


- No

- Yes

Expiry Date of Food

Choose Date

Photo of Food Label



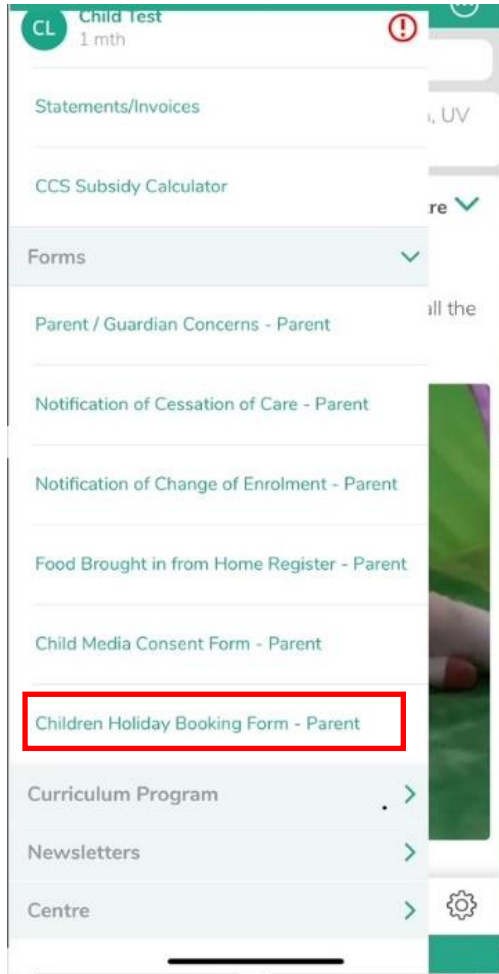
Please note: Staff will not administer any food or drink to a child if the food register is not completed correctly for each item of food /drink. All items need to be labelled with the Childs full name and date brought in. All refrigerated products are highly discouraged, but if necessary, the temperature will need to be taken on arrival. If the temperature is over 5 degrees Celsius, the product will not be administered to the child due to product sitting within danger zone temperature.

Parent / Guardian Acknowledgment & Signature:

Signature

Children Holiday Booking Form

Parent completed via OWNA App > Forms > Children Holiday Booking Form (2 weeks notice is required to be provided per policy)



Children Holiday Booking Form Guidance

Form:

A screenshot of the 'Children Holiday Booking Form (MCELC)' form. The title bar shows '9:45 am Tue 27 Feb' and '98%' battery. The form title is 'Children Holiday Booking Form(MCELC)'. The form content includes: 'Holiday Notification Form - Request for Holiday Discount to be Applied', a note 'If holidays taken varies for children please complete separate forms for each child.', a text input field for 'Parent/Guardian Full Name (First & Last Name)', and four text input fields for 'Name of Child 1 - notification of holidays', 'Name of Child 2 - notification of holidays', 'Name of Child 3 - notification of holidays', and 'Name of Child 4 - notification of holidays'. At the bottom, there is a 'Start Date of Holidays:' section with a 'Choose Date' option.

When form is submitted by parent: Service will receive the following email:
Subject: Form Response Submitted by <PARENT NAME>
Automessage - A Custom Form response has been submitted by <PARENT NAME> for the Form - Children Holiday Booking Form.

Notification/Request for Change of Booked Days

Completed by parent via OWNA Parent App > Forms.
(form is completed for each child)

☰ *Centre/Family Menu > Forms*

1. Select the form you want to complete
2. Answer all of the questions (some may be mandatory)
3. Press **Submit**

Forms

- Parent / Guardian Concerns(MCELC)
- Notification of Cessation of Care(MCELC)
- Notification / Request for Change of Booked Days (MC...**
- Food Brought in from Home Form (MCELC)
- Child Media Consent Form - Parent
- Children Holiday Booking Form(MCELC)
- Curriculum Program
- Centre

Notification/Request for Change of Booked Days Guidance

Form:

9:57 am Tue 27 Feb 99%

Notification / Request for Change of Booked Days (MCELC)

Notification / Request for Change of Booked Days

Parent / Guardian Full Name (First & Last Name)
Parent / Guardian Full Name (First & Last Name)

Child Full Name (First & Last Name)
Child Full Name (First & Last Name)

Room Child Currently Enrolled In:
Select Room

Days of Current Attending:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Days of New Attendance:

- Monday
- Tuesday
- Wednesday


When form is submitted by parent: Service will receive the following email:

Subject: Form Response Submitted by <PARENT NAME>

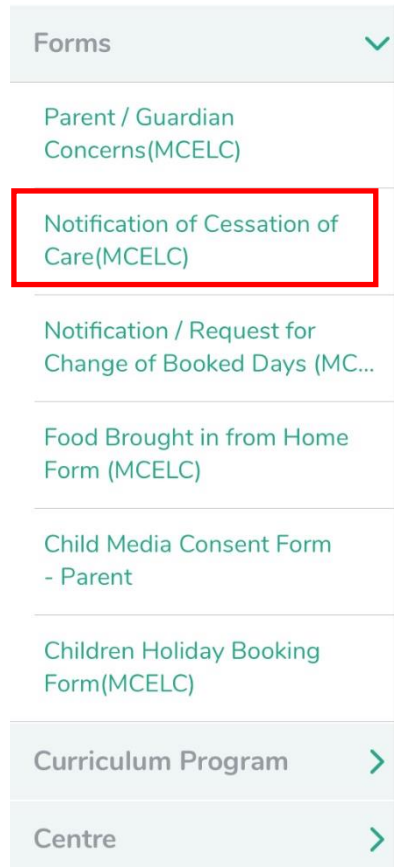
Automessage - A Custom Form response has been submitted by <Parent Name> for the Form – Notification of Change of Enrolment - Parent.


Notification of Cessation of Care

Completed by parent via OWNA Parent App > Forms.
(form is completed for each child)

 Centre/Family Menu > Forms

1. Select the form you want to complete
2. Answer all of the questions (some may be mandatory)
3. Press **Submit**



Forms 

Parent / Guardian Concerns(MCELC)

Notification of Cessation of Care(MCELC)

Notification / Request for Change of Booked Days (MC...

Food Brought in from Home Form (MCELC)

Child Media Consent Form - Parent

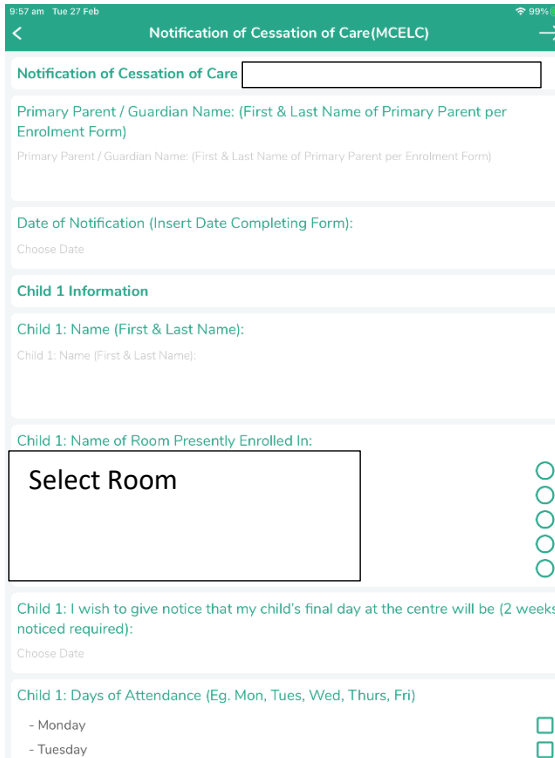
Children Holiday Booking Form(MCELC)

Curriculum Program >

Centre >

Notification of Cessation of Care Guidance

Complete all fields in form:



9:57 am Tue 27 Feb Notification of Cessation of Care(MCELC)

Notification of Cessation of Care

Primary Parent / Guardian Name: (First & Last Name of Primary Parent per Enrolment Form)

Primary Parent / Guardian Name: (First & Last Name of Primary Parent per Enrolment Form)

Date of Notification (Insert Date Completing Form):


Choose Date

Child 1 Information

Child 1: Name (First & Last Name):

Child 1: Name (First & Last Name):

Child 1: Name of Room Presently Enrolled In:

Select Room 

Child 1: I wish to give notice that my child's final day at the centre will be (2 weeks noticed required):

Choose Date

Child 1: Days of Attendance (Eg. Mon, Tues, Wed, Thurs, Fri)

- Monday

- Tuesday

When form is submitted by parent: Service will receive the following email:

Subject: Form Response Submitted by <PARENT NAME>

Automessage - A Custom Form response has been submitted by <Parent Name> for the Form - Notification of Cessation of Care - Parent.

[Click here to access it.](#)

Parent Concerns and Complaints Form

Completed by parent via OWNA Parent App > Forms.

☰ *Centre/Family Menu > Forms*

1. Select the form you want to complete
2. Answer all of the questions (some may be mandatory)
3. Press **Submit**

Forms ✓

- Parent / Guardian Concerns(MCELC)
- Notification of Cessation of Care(MCELC)
- Notification / Request for Change of Booked Days (MC...
- Food Brought in from Home Form (MCELC)
- Child Media Consent Form - Parent
- Children Holiday Booking Form(MCELC)
- Curriculum Program >
- Centre >

Parent / Guardian Concerns Form Guidance

OWNA App: Parents: Forms > Select form “Parent / Guardian Concern”

We would appreciate the opportunity to discuss any concerns in person to resolve any concerns.

9:57 am Tue 27 Feb 99% 🔋

< Parent / Guardian Concerns(MCELC) >

Date of Notification:
Choose Date

Parent / Guardian Full Name (First & last Name)
Parent / Guardian Full Name (First & last Name)

Child Full Name (First & last Name)
Child Full Name (First & last Name)

Parent / Guardian Contact Telephone Number:
Parent / Guardian Contact Telephone Number:

Parent / Guardian Email Address:
Parent / Guardian Email Address:

Please explain issue of concern:
Please explain issue of concern:

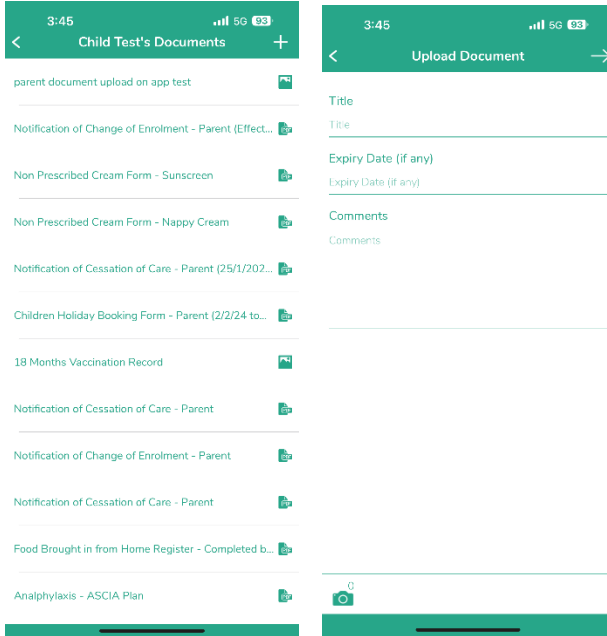
Suggestion to Rectify Issue:
Suggestion to Rectify Issue:

Upload Document using OWNA App

Parents are able to upload any documents via the OWNA App

See OWNA App > Child Profile > View Documents > use “+” icon (top right corner of screen)

- Parent can take a photo of document and add to form.



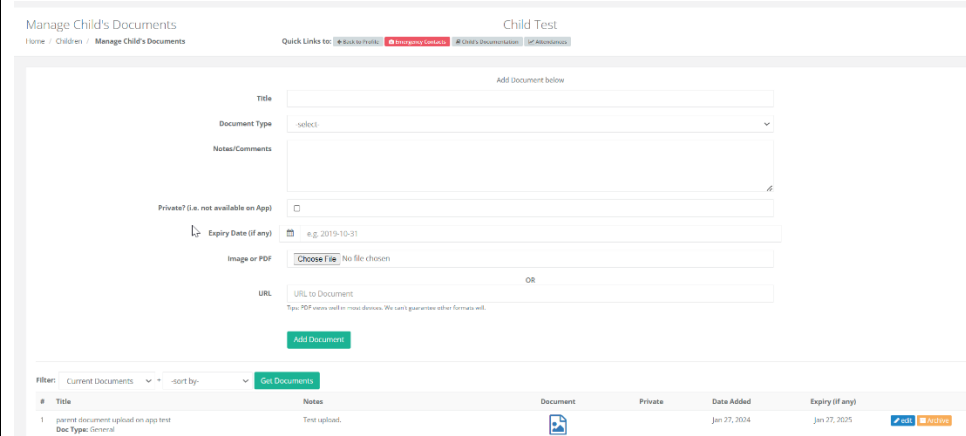
Children Document Uploaded Guidance

Service will be emailed that document as been uploaded. For example:

Email Subject: Children Document Uploaded – <Child Name>

Automessage: A document has been uploaded to <Child Name> profile via the App.

See OWNA Portal > Child Profile > Child Documents



Actions by Service

1. Review document and assess nature of document.
2. Click Edit on document. If needed change the following:
 - Title of Document
 - Notes / comment
 - Expiry date
 - Document Type: (by default on upload the document types is “General” you may need to change to another document type. Ie enrolment.

View of Child Documents Uploaded – See OWNA App. Child Profile > View Documents

The screenshot shows a mobile application interface with a green header bar containing a back arrow, the text 'Child Test's Documents', and a plus sign. Below the header is a list of document entries, each with a title and a right-pointing arrow icon. The entries are:

Document Title	Icon
Parental Consent Letter for 0001001	Right-pointing arrow
Justification of Change of Treatment - Parent of Justice 201704	Right-pointing arrow
Non-Resident Child's Plan - Bessie's	Right-pointing arrow
Non-Resident Child's Plan - Nobby's	Right-pointing arrow
Justification of Care of Care - Parent of Justice 201704	Right-pointing arrow
Child's Holiday Book's Plan - Parent of Justice 201704	Right-pointing arrow
11 Months Operational Consent	Right-pointing arrow
Justification of Care of Care - Parent	Right-pointing arrow
Justification of Change of Treatment - Parent	Right-pointing arrow
Justification of Care of Care - Parent	Right-pointing arrow

Incident, Injury, Trauma & Illness Record Form

Paper form prepared by Educator and Witness
(Reviewed by RP): now using OWNA Incident Report

Provided to Parent for signing.

Incident, Injury, Trauma & Illness Record Form

Centre Name: Mildura Early Learning Centre

Child First Name: _____ Child Last Name: _____

Classroom of Child: _____ Date of Birth: ____/____/____ Age: ____ Gender: Male / Female

Date of Incident: ____/____/____ Time of Incident/Illness Onset: _____ am / pm (circle)

Location of Incident (E.g. Position in room or playground): _____

INCIDENT / INJURY / TRAUMA / ILLNESS DETAILS

PURPOSE OF RECORD (please circle): INCIDENT / INJURY / TRAUMA / ILLNESS

Details of incident, accident or injury (including circumstances leading up to the incident/injury/trauma/illness. (If applicable, circumstances if child is unaccounted for or removed- duration, who found, etc):

Nature of injury sustained (The location of any injury incurred must be recorded on the diagram below):



- | | |
|---|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Cut |
| <input type="checkbox"/> Abrasion, scrape | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Bite | <input type="checkbox"/> Sprain |
| <input type="checkbox"/> Broken bone / fracture | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> Bruise | <input type="checkbox"/> Concussion |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Other (please specify) _____ |

Nature of the incident, accident, injury, trauma or illness (i.e. injury received or apparent symptoms of illness):

Description of equipment, products or structures involved:

Details of action taken (including first aid administration of medication):

Educator, staff and witness present (i.e. in classroom/playground. Location of staff in classroom/playground):

Version: 3.21.2

Page 1 of 2

Incident Report: Incident, Injury, Trauma & Illness Record Form Guidance

IN OWNA Portal: See Children > "Incident Report": this is an **Incident, Injury, Trauma & Illness Record Form**

Email Notification: When a parent signs an incident report: service will receive the following email:

Subject: Incident Report Signed/Completed

Automated Message - Incident Report Signed/Completed by <Educator Name>. Click here to view.

References:

See internal GSELG guides and video for how to prepare.

OWNA Tutorial Guide: <https://ownaportal.tawk.help/article/incident-report>

For Child: Educator completes the 'Incident Report' via the OWNA App.

For Staff Member: staff member incident or injury to complete via OWNA Portal: See Staff/HR > Incident Report > Press +

Add Staff Incident Report

Home / Staff / Incident Reports / Add Staff Incident Report

Incident, injury, trauma and illness record

Select Staff
Scott Zannes

Incident Details

Incident Date:
e.g. 2019-07-31

Incident Time:
Sign-in Time (e.g. 9:35)

Incident Location:

Health Report (Educator form)

This form is not longer used and is replaced with Incident Report in OWNA to record Child Health and Illnesses.

Health Report

Centre Name: _____

Child's Name: _____ Date: _____

We have observed the following symptoms or behaviours:

TIME	TEMPERATURE	NATURE OF ILLNESS	ACTION TAKEN

He / she has eaten today: _____

He / she has drunk today: _____

He / she has toiletied as follows: _____

He / she has vomited: _____

There has / has not been recent similar illness in other children at the centre.

Use of OWNA Incident Report to report Illnesses.

OWNA Portal: Incident Report
 OWNA App: Create Incident Report > For recording an Illness

Use of the OWNA Incident Report to record and report Health of Child and Illness to Parents.

Field in Incident Report Form:

Date of Incident: <Date & Time Child started to be unwell>

Location: Room Name

General Activity at the time of incident / injury / trauma / illness: For example: Morning snack and playing inside.

Cause of Injury / Trauma: For example: Child not feeling well. High Temperature.

Circumstances leading to and surround any injury or illness, including symptoms:

For example:

- Child was arm and had a high temperature Children Temperatures taken: Time/ temperate (For example: High Temperature: 10am: 38C. 10.15am 38.5C 10.30am 38.5C.)
- Child was lethargic.
- Did not want to eat or drink at lunch time.
- Vomited (insert at time>)
- Had diarrhea (insert time>)

Circumstances if child appeared to be missing or otherwise unaccounted for: Not Applicable

Circumstance if child appeared to have been taken or removed from service or was locked in/out of service: Not Applicable

Nature of Injury / Trauma / Illness: For example: High Temperature

Action taken: Details of action taken (including first aid, administration of medication, etc):

- Removed clothing layers
- Reviewed if child had any medical condition management plan
- Took temperature of child
- Offered water to keep hydrated
- Called Parent to collect due to high temperature: Time called
- Parent collected child: Insert time.

Did emergency service attend? Yes or No

Was medical attention sought from registered practitioner / hospital: Yes or No

Have any steps been taken to prevent or minimise this type of incident in the future?

Example : If an infectious disease information displayed in service. Disinfect room and resources to break chain of infection.

Notifications:

Parent/guardian: notification time call parent to collect child or call parent to ask about child's wellbeing.

Director / educator / coordinator:

Other agency: (maybe health dept if notifiable infectious disease)

Regulatory Authority: Only if child has a serious medical incident.

Action Notes:

- Notes on illness