

# MEDICAL CONDITIONS RISK MINIMISATION AND COMMUNICATION PLAN

This form must be completed for any child with a known medical condition which is potentially life threatening such as asthma, diabetes, or anaphylaxis.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Is there an Action Plan completed by a Medical Practitioner?  YES  NO

*If "no" the child will not be able to attend the service until this has been provided.*

The following information must be available on the Action Plan accessible to ALL educators.

- Known allergens, triggers
- Signs and symptoms
- Medication and Action to be taken

What Medication is supplied to the service for administration: \_\_\_\_\_

\_\_\_\_\_

Has this been supplied?  YES  NO

*If "no" the child will not be able to attend the service until this has been provided.*

What is the expiry date of this medication? \_\_\_\_\_

*Medication cannot be accepted when it is beyond its expiry date*

Where is medication for this child stored at the service? \_\_\_\_\_

\_\_\_\_\_

What additional skills or training do educators need to care for this child? \_\_\_\_\_

\_\_\_\_\_

Additional Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What additional risk minimisation steps must be taken; Eg; *no sharing of food, not to play outside when pollen present,*

---

---

---

---

---

How will Educators be informed of this Risk Minimisation Plan? \_\_\_\_\_

---

**Parent/Guardian**

I understand that the following are my responsibilities and I will ensure these are met for care to continue for my child;

- I will ensure that the required medication is with my child EVERY moment that are at the centre, I understand that I will be unable to leave my child if I do not have this medication with the child upon arrival.
- I will ensure that the medication provided to the centre is in working condition and has not expired.
- I will keep the centre informed of any changes to my child’s medical condition and any changes to phone details for parents, authorised collectors, and my child’s doctor.
- I understand that a condition of enrolment is that I provide an Action Plan completed by a medical practitioner.

I agree to meet the above responsibilities and am committed to working with educators to ensure the health and safety of my child when in care.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Nominated Supervisor**

I have provided this Risk Minimisation Plan to the educators who regularly care for this child. I have also placed this plan in locations in the service for educator’s accessibility. Where products in the service are known to contribute to this medical condition the use and purchase of them will be reviewed and this will be communicated to all educators and the child’s family.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_