MEDICAL CONDITION RISK MINIMISATION PLAN

To be completed by the parent / guardian in conjunction with OSHC staff and acknowledged by the Director.

Regulation 90 of the Education and Care Services National Regulations requires a risk-minimisation plan for the management of medical conditions for children in care. The term medical conditions include but is not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. The risk management plan should be developed through consultation between parents / guardians of the child and the service.

Child's Full Name: _____

Date of Birth: _____ / _____ / _____ Age: _____

Details of medical condition/health requirements:

_____

_____

_____

_____

A Health Care Plan is required for children who suffer from asthma, diabetes or have been diagnosed at risk of Health Care Plan been submitted for this condition? Yes / No

Predominant known triggers for the medical condition and potential reaction/s

Trigger	Reaction
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MEDICAL CONDITION RISK MINIMISATION PLAN

How often does your child display symptoms of suffer from reactions of the medical condition?

- ☐ Infrequent (5 or less annually)
- ☐ Occasionally (5+ annually)
- ☐ Monthly
- ☐ Weekly
- ☐ Daily
- ☐ During exercise/illness

How do you as a parent / guardian recognize the symptoms / reactions?

_____

_____

Is your child able to recognize the symptoms / reactions? **Yes / No**

Details:

_____

_____

Does your child require medication to treat the medical condition? **Yes / No**

Details:

_____

_____

Will your child require medication whilst in care? **Yes / No**

If yes, a Health Care Plan must be provided:

Health Care Plan expiry date: _____ Medication expiry date: _____

Is your child permitted to administer medication under staff supervision? **Yes / No**

The circumstances under which the medication required is to be administered to your child whilst in care:

_____

_____

By signing here, I understand that all the above information is accurate and I am required to provide Ardtornish OSHC staff with up to date Medication and Health Care Plans. If the required Health Care Plans or Medication have expired, care cannot be provided until these are updated.

Parent / Guardian Signature: _____

MEDICAL CONDITION RISK MINIMISATION PLAN

This Medical Condition Risk Minimisation and Communication Plan has been developed with my knowledge and input and will be reviewed at the commencement of each year or as required.

Next review date: _____ / _____ / _____

Parent / Guardian Contact (1)

Name: _____

Relationship to child: _____

Mobile Phone: _____

Work Phone: _____

Parent / Guardian Contact (2)

Name: _____

Relationship to child: _____

Mobile Phone: _____

Work Phone: _____

Emergency Contact

Name: _____

Relationship to child: _____

Mobile Phone: _____

Work Phone: _____

General Practitioner Contact

Name: _____

Relationship to child: _____

Mobile Phone: _____

Work Phone: _____

Name: _____

Parent / Signature: _____

Date: _____ / _____ / _____

NOMINATED SUPERVISOR ACKNOWLEDGMENT

Name: _____

Director Signature: _____

Date: _____ / _____ / ___

MEDICAL CONDITION RISK MINIMISATION PLAN

How can we minimize the risks relating to your child's health care needs / medical condition and what strategies can we implement to avoid triggers.

Risk	Strategy	Who is Responsible