



Medical Conditions Risk Minimisation Plan

Child's Name:

Age:

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Emergency Contact:

Name:

Mobile:

Relationship:

Work:

Specific health care need, allergy or diagnosed medical condition:

Asthma Anaphylaxis Food Allergies Diabetes Epilepsy
Other Please Specify: _____

Details:

Epi-pen Y/N

Asthma Puffer Y/N / Reliever Y/N

Medication Y N

Please Tick Relevant Box.

Medical risks at the service and how these are minimised

- Anaphylaxis, asthma and first aid trained educators are on the premises at all times.
(Relevant CPR Certificates are available to be sighted)
- The medical management plan, risk minimisation plan and medication are accessible to all educators.

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- The child's medication is stored in the appropriate medication bag provided by the Parent / Guardian, medication is stored in the First Aid Cupboard and administered by the Certified First Aid Officers.

<ul style="list-style-type: none">••••

- Children cannot attend the service without their prescribed medication.
- The Nominated Supervisor will identify all children with specific health care needs, allergies or diagnosed medical conditions will be briefed to all new educators as part of their induction, to all staff, volunteers, and students. All staff will be trained to ensure they know the location of the child's medical management plan, risk minimisation plan and medication and understand what is required. Educators will acknowledge this in writing as part of their induction and on-going care of the child.
- Parents are required to authorise administration of any medication on the child's medication records, and educators will complete administration of medication record whenever medication is provided.
- The Nominated Supervisor will notify the parents of any allergens that pose a risk to the child.



The triggers for the child's health care need, allergy or medical condition are:

List triggers using medical management plan and information from parents.

What educators, staff and volunteers will do to minimise effect of triggers:

This must be written in response to known allergens or child's health care needs.

Service may have a separate section for kitchen staff if child has an allergy to a food.



I/we agree to these arrangements, including the display of our child's picture, first name, medication held and location, and copies of our child's medical management and risk minimisation plans in all children's rooms and prominent places to alert all staff, volunteers, and students.

Parent/s name:

Relationship

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Date:

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Parent/s signature: _____

Nominated Supervisor name:

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Date:

/	/
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Nominated Supervisor signature: _____

Educator name:

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Date:

/	/
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Educator signature: _____

Nominated Supervisor signature: _____

Educator name:

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Date:

/	/
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Educator signature: _____



Nominated Supervisor signature: _____

Educator name:

Date:

Educator signature: _____

Nominated Supervisor signature: _____

Educator name:

Date:

Educator signature: _____

Nominated Supervisor signature: _____

Educator name:

Date:

Educator signature: _____

Nominated Supervisor signature: _____

Educator name:

Date:

Educator signature: _____