

Risk Minimisation and Communication Plans

Parent/Guardian	Childs Name:		
	Date of Birth:		
	Please indicate your child's medical health requirements: or		
	Medical condition ☐	Specific Health Needs ☐	
Coordinator	Action Plan Required	Yes ☐	No ☐
	Supporting Documents (GP)	Yes ☐	No ☐
	Affect Dietary Requirements	Yes ☐	No ☐
	Medication Required in Service	Yes ☐	No ☐
	Type of Medication		



Parent/Guardian	Medical/Health Needs Information	
	Health Care Needs:	
	Causes / Triggers:	
	Indicators to be aware of: (signs and symptoms)	
	Action and Treatment: (Medication if applicable)	

Parent/Guardian & Coordinator	Risk Management	Strategies	
	<i>Based on Identified triggers and known diagnosed medical condition WHAT are the risks?</i>	Risk Rating (Low, medium, High)	How these risks will be minimised?
	Risk 1: Food prepared or present at the service (menu items, lunchbox content or cooking experiences)		
	Risk 2: Environmental triggers such as dust, plants, trees, insects, chemicals Weather such as seasons, wind, storm, smoke, heat etc.		
	Risk 3: Physical factors such as sports, exercise, illness, colds, creams, medications etc.		
	Risk 4: Communication between service and educators. Parent/Guardian and Service.		
	Other Risks if applicable:		

Communication Plan	
Service Actions	Parent/Guardian Actions
- The service will always have a trained first aider on site - Ensure staff are aware of all health and medical condition of children attending the service - Ensure that the child's current medical management plans are accessed by staff for review - Staff are informed about any new or updated medical management plans and risk minimisation plans during the mini and staff meeting - Reviewed daily medical reports with all staff prior to each session - Ensure that medication is stored as per policy requirements - Complete a termly review of all medications and medical management plans/documents - Provided parent/guardian with the medical conditions policy on enrolment and will be informed of any changes to this policy within 14 days of implementation. be notified of any changes to the service that may affect their child. - Provided information to families regarding medical condition such as Anaphylaxis thought posters, newsletters etc.	- Communicate all required medical conditions during the enrolment process - Provide all medical management plans and medications prior to beginning at the service and participate in the development of the risk minimisation plan - All medications required will be on premises at all times child is in attendance. Medication will be prescribed by a doctor, in date, clearly labelled - Complete any other medical documentation required by the service and renew documents annually - Update any changes to a child's medical condition via the online portal, email or in writing immediately when changes occur - Communicate regularly with the coordinator about any issues affecting their child's medical condition. - Will ensure that changes of attendance and absences are notified to centre
Parent Guardian Sign Off	
Date completed:	
I have been provided with a copy of the Medical Conditions Policy	Signature:
Name:	Signature:

Service Administration – Coordinator				
Medical Documentation Checklist				
Medical/Health Condition:				
Document List	Required Y/N	Received/Completed	Upload/Filed	
Medical Management Plan Exp Date: _____		☐	☐	
Risk Minimisation & Communication Plan		☐	☐	
Self-Medication Permission Form		☐	☐	
Medication Authorisation Form and Record		☐	☐	
Medication		☐	☐	
Medical Practitioner Supporting Documentation		☐	☐	
Any other comments:				

Coordinator Verify	
Date completed:	Date a review is required (12 months):
Name:	Signature: