Medical Risk Minimisation Plan

To be completed by the parent/guardian in conjunction with the nominated supervisor

Regulation 90 of the Education and Care Services National Regulation requires a risk minimisation plan for the management of medical conditions for children in care. The term medical conditions includes 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/guardian of the child and the child care service.

Child's Name:	Date of Birth:
Diagnosed Medical Condition:	
Has a Medical Management Plan been submitted for this condition? Y ☐ N ☐	Date of Medical Management Plan:
Does your child require medication for treatment/management of this condition? Y ☐ N ☐	If yes, name of medication: Location of medication while at the service:
Will your child require medication whilst in care? Y ☐ N ☐	Is your child permitted to self-medicate? Y ☐ N ☐

When is medication required to be administered to your child whilst in care?

- ☐ As detailed in the management plan
- ☐ As per the medication label/Doctor instructions
- ☐ Other (please give details): _____

_____

_____

How often does your child generally suffer from or display symptoms of the medical condition:

- ☐ Infrequently (5 or less per year)
- ☐ Monthly
- ☐ Daily
- ☐ Other
- ☐ Occasionally
- ☐ Weekly
- ☐ When exercising

Is your child usually able to recognise the symptoms/reactions? Y ☐ N ☐

Predominant known triggers for the medical condition and potential reactions:

Trigger	Reaction

How can we minimise 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

Communication Plan

Date	Issue/Concern/Request/Info	Action Required	Actioned By	Communicated to Staff

Details of Parent / Guardian (1):

Name: _____ Relationship to Child: _____

This Medical Risk Minimisation and Communication Plan has been developed with my knowledge and input. I will inform the nominated supervisor as soon as practicable should there be any change to the requirements set out in this plan. I am aware that it is my responsibility to ensure my child has any medication which may be required to be administered whilst at the centre, on the premises on each occasion that they attend.

Parent / Guardian signature: _____ Date: _____

Details of Parent / Guardian (2):

Name: _____ Relationship to Child: _____

This Medical Risk Minimisation and communication plan has been developed with my knowledge and input. I will inform the nominated supervisor as soon as practicable should there be any change to the requirements set out in this plan. I am aware that it is my responsibility to ensure my child has any medication which may be required to be administered whilst at the centre, on the premises on each occasion that they attend.

Parent / Guardian signature: _____ Date: _____

Nominated Supervisor Details:

Name: _____

Signature: _____ Date: _____