



Medical Risk Minimisation Plan

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.

To be completed by the parent/guardian in conjunction with the Nominated Supervisor

Child's First Name

Last Name

Date of Birth

Details of management of medical condition

Diagnosed Medical condition			
Has a medical management plan been submitted for this condition?	YES	NO	Date of medical management plan
Does your child require medication for the treatment/management of this condition?	YES	NO	If yes, name of medication
Will your child require medication whilst in care?	YES	NO	Location of medication while at the service?
When is medication required to be administered to your child whilst in care?	<p>As detailed in the medical management plan</p> <p>As per the medication label/Doctor instructions</p> <p>Other (please give details): _____</p> <p>_____</p>		
How often does your child generally suffer from or display symptoms of the medical condition?	Daily Weekly Monthly Infrequently/occasionally Other	Is your child permitted to self-medicate?	YES NO
Is your child usually able to recognize the symptoms?	YES	NO	



Please list predominant known triggers for the medical condition and potential reaction(s)

TRIGGER	REACTION

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



This risk minimization plan will be updated as required, in accordance with changed conditions as advised by a medical health professional

Parent/Guardian Details and Agreement

Name of parent/guardian:

Relationship to child:

This medical management 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 service, on the premises on each occasion that they attend.

Signature:

Date:

Nominated Supervisor Details

Name:

Signature:

Date: