

MEDICAL CONDITION RISK MINIMISATION PLAN



This document is to be completed by the parent/guardian with conjunction of East Marden OSHC staff and acknowledged by the Director of East Marden OSHC.

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 includes but are not limited to asthma, diabetes, diagnosis that a child is at risk of anaphylaxis. The Risk Management Plan should be developed through consultation between parents/guardians and the service.

Child's Full Name: _____

Date of Birth: _____

Age: _____

Details of the Condition/Health Requirement:

A Health Care Plan is required for children who suffer from Asthma, diabetes, or have been diagnosed of health risk. Has a Health Care Plan been submitted for this condition? **YES / NO**

Predominant known triggers for the Medical Condition and potential reaction/s?

TRIGGER

REACTION

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

- | | |
|--|--|
| <input type="checkbox"/> Infrequently (5 or less annually) | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Occasionally (5 annually) | <input type="checkbox"/> Daily |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> During exercise/illness |

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

Is your child able to recognise the symptoms/reactions? **YES / NO**

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 & MEDICAL AUTHORITY DOCUMENT** 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 is to be administered to your child whilst in care:

By signing this document, I understand that all the above information is accurate, and I am required to provide East Marden OSHC with up to date Medication, Medical Authority Forms and Health Care Plans. If the required Medication, Medical Authority Forms and Health Care Plans have expired, care cannot be provided until these are updated.

Parent/Guardian Signature: _____

Date: _____

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The 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: _____

Work Phone: _____

Parent/Guardian Contact (2)

Name: _____

Relationship to child: _____

Mobile: _____

Work Phone: _____

Emergency Contact

Name: _____

Relationship to child: _____

Mobile: _____

Work Phone: _____

General Practitioner Contact:

Name: _____

Work Phone: _____

Parent Name: _____

Parent Signature: _____

Date: _____

Director Name: _____

Director
Signature: _____

Date: _____

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?

