

Medical Condition Risk Minimisation Plan

To be completed by the parent / guardian in conjunction with the coordinator / 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 it not limited to asthma, diabetes or a diagnoses that a child is at rick of anaphylaxis. The risk management plan should be developed through consultation between the parents/guardians of the child and the childcare service.

Child's full name: _____

D.O.B: ____/____/____ Age: _____

Details of medical condition: _____

A medical management plan is required for children who suffer from asthma, diabetes or have been diagnosed at risk of anaphylaxis. A medical management plan may also be required for other health conditions.

Has a medical management plan been submitted for this condition? Y N

Predominant known triggers for the medical condition and potential reactions

<u>Triggers</u>	<u>Reactions</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Frequency of symptoms / reactions:

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

- | | |
|--|--|
| <input type="checkbox"/> Infrequent (5 or less per year) | <input type="checkbox"/> Occasionally (6 or more per year) |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Daily | <input type="checkbox"/> When exercising |
| <input type="checkbox"/> Only when exposed to allergen | |

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

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

Details: _____

Does your child require medication to treat the medical condition? Y N

Details: _____

Will your child require medication whilst in care? Y N

If yes, a Medication Authorisation Form must be completed

Risk Minimisation Table

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
Example: Pollen/dust	Keep inside with doors closed on windy days.

This Medical Condition Risk Minimisation Plan has been developed with my knowledge and input and will be reviewed yearly at time of enrolment or when notified of a change of condition.

Next review date: ____/____/____

Parent / Guardian name: _____

Signature: _____ Date: ____/____/____

Coordinator/Nominated Supervisor name: _____

Signature: _____ Date: ____/____/____