|  |
| --- |
| Child’s name: |
| Date of birth:  | Year level: 3yo 4yo  |
| Medical Conditions Action Plan provided by parent/carer (please circle): YES / NO |
| Other health conditions:  |
| Medication at kindergarten: |
| Other emergency contacts (if parent/carer not available): |
| Medical practitioner contact: |
| Emergency care to be provided at kindergarten: |
| Medication Storage: |
| The following Medical Conditions Risk Minimisation Plan has been developed with my knowledge and input and will be reviewed on (record date): ........................................................... (insert date of proposed review). |
| Signature of Parent/Guardian: | Date: |
| Signature of Educator: | Date: |
| Signature of Nominated Supervisor: | Date: |



**Medical Conditions**

**Risk Minimisation and Communication Plan**

**Educators to:**

1. Complete **Risk Minimisation Plan**
2. Complete **Communication Plan**
3. Ensure Parents/Guardian and the Nominated supervisor have **signed** the Risk Minimisation and Communication Plan
4. Ensure Parents/Gaurdians have read and been given a copy of the **Dealing with Medical Conditions Policy**
5. Ensure a completed **Medical Conditions Action Plan** has been returned by the parent/guardian and displayed in an appropriate area.

**Strategies to Avoid Asthma Triggers**

**Risk Minimisation Plan**

This Plan is to be completed by the Nominee on the basis of information from the child’s medical practitioner provided by the parent/carer**.**

**Strategies to Avoid Exposure to Medical Condition Triggers Child’s Name: ………………………………………………………………….**

|  |
| --- |
| **Predominant Mediical Condition Triggers:** |
| **Risk**  | **Strategy** | **Who is Responsible?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Other Allergy Triggers:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Confirmation that parents have been given access to the relevant service policies in relation to the child’s medical condition.** **Date Policy Information given: ……./……./20…….** |

Communication Plan Child’s Name: ………………………. D.O.B: …………….

|  |
| --- |
| **Procedure for communicating *Medical Management Plans* and *Risk Minimisation Plans* to all staff working at the service**: *(Where is information kept? How do we ensure all educators working in the centre are aware of the child’s medical plans and needs?)* |
| **Procedure for parents to provide current information and status of the child’s specific health care need.***(What is the procedure for parents to keep us informed of the most current status of the child’s health care needs and how often do we want parents to provide updates?)* |
| **Procedure for staff to provide information and status of the child’s specific health care need to parents***(What is the procedure for staff to keep parents informed of any issue or incident at kinder relating to the child’s health care needs – what, how and when will such information be communicated?)* |

Educator responsible for the implementation of the communication plan:

Name: ……………………………………………………… Signature: ……………………………………….. Date: ……../………./20………

Parent/Guardian:

Name: …………………………………………………….. Signature: ……………………………………….. Date: ……../ ……../20……….