

# Medical Condition

## Risk Minimisation/Communication Plan

Moree Pre-School Inc.



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

Regulation 90 of the Education and Care Service National Regulation requires a risk minimization plan for the management of medical conditions for children in care. The term medical condition includes, but is not limited to, asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis.

**Child's full name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

Details of medical condition/health requirements:

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A medical action 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.

**Medical Action plan supplied?** YES NO **Date due for review:** \_\_\_\_\_

**Medical Management plan supplied?** YES NO **Date completed:** \_\_\_\_\_

Predominant known triggers for the medical condition and potential reaction/s

TRIGGER	REACTION
_____	_____
_____	_____
_____	_____

### Frequency of symptoms/reactions

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

- Infrequent (5 or less/year)    Occasionally (6 or more /year)    Monthly    Weekly  
 Daily    When exercising

How do you as a parent/Guardian recognise the symptoms/reactions? \_\_\_\_\_  
\_\_\_\_\_

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

Details \_\_\_\_\_

### MEDICATION

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 Medication Authorisation Form must be completed)

The circumstance which the medication required is to be administered to your child while in care.

As detailed in medical management plan  As per medication label

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 with parent/guardian**

Date	Communication	Staff Member

**Parent/Guardian Contact (1)**

Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Work: \_\_\_\_\_

**Parent/Guardian Contact (2)**

Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Work: \_\_\_\_\_

**Other Emergency Contact**

Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Work: \_\_\_\_\_

**Medical Practitioner Contact**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

**This Medical Condition Risk Minimisation Plan and Communication Plan has been developed with my knowledge and input and will be reviewed every 12 months or as required.**

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nominated Supervisor or Educator Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_