



Medical Risk Minimisation/Communication Plans

Child's Name:		Date of Birth:	
Parent/Caregiver One Details/Contact Information	Name:	Parent/Caregiver Two Details/Contact Information	Name:
	Relationship to Child:		Relationship to Child:
	Address:		Address:
	Home Phone:		Home Phone:
	Work Number:		Work Number:
	Mobile:		Mobile:

Medical Condition			
Diagnosed Medical Condition, Health Need, Allergy or Other:		Supporting Documentation Provided:	
Medical Action Plan Supplied by Parent/Caregiver:	Yes/No:	Date Received:	Date of Review:
Medication Required:	Yes/No:	Authorisation Completed:	Yes/No:

Risk Assessment					
Risks Identified	Risk Assessment	(Use Matrix)	Control Measure/Strategy	Location/Activity	Person/Position Responsible
Risk relating to the safe handling, preparation, consumption and service of food					

Notification relating to known allergens that pose a risk to a child			
Allergen	Areas of Potential Exposure	Strategies for Minimising Risks	Person/Position Responsible

Medication	
How will the provision and access to medication be managed?	
<p>Parents/Caregivers have been informed and acknowledge:</p> <ul style="list-style-type: none"> * The service's policies require identify medication to be accessible to the service for the child to attend. * Where the child is without medication for any reason, the parent/caregiver (or authorised nominee) will be called to collect the child. 	<p>Yes/No</p>

Communication and Training Plan

Location of the child's Medication Management (Action Plan) and Medication:

Strategies/training for staff and volunteers to be able to identify the child, the Medical Management Plan and Medication:

How parents can communicate any changes to health/medical needs, Medical Management Plan or Risk Minimisation Plan:

Plan Prepared By:		Date:	
Prepared in consultation with:			
Parent/Caregiver Name:		Signature:	Date:
Service Representative:		Signature:	Date:

	Name: (Role)	Date:
<p>Communication to staff and volunteers:</p>		