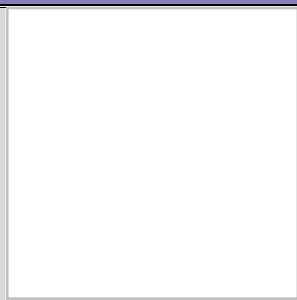


Risk Minimisation and Communication Plan		
Child's Name:		
Date of Birth:		
Medical Condition:		
Plan prepared by:	(N.S.)	
In consultation with:	(Guardian)	Child Photo (for identification purposes)
Is there an Action Plan completed by a Medical Practitioner provided to the service? YES / NO If "no", the child will not be able to attend the service until this has been provided.		
TRIGGER/SYMPTOMS	ELIMINATION/CONTROL MEASURES TO BE TAKEN BY THE SERVICE	
Medication Supplied:	The child will not be able to attend the service until this has been provided.	
What is the expiry date of medication?		
Where is medication for this child stored at the service?		
How will the service be notified of last dosage? (if required)		
Additional Information relevant to the safety, health, and well-being of the child:		
Where will the Action Plan and associated posters and documents be recorded, displayed or stored?	☐ XAP ☐ Medication Folder ☐ Kitchen/Food Preparation Area (Plan Only) ☐ Emergency Folder (for evacuations) ☐ Excursion Bag (on day of excursion) ☐ Other _____	



How will current educators be informed of this Risk Minimisation Plan and associated documents as well as location of medication?	
How will new educators and others involved (including volunteers) in the child's education and care be informed of this Risk Minimisation Plan and associated documents as well as location of medication?	
How will the parent/Guardian update the service with regards to changes in their child's health care needs?	
Excursions and Offsite Activities	Medication accompanies child? Yes / No Additional supervision required? Yes / No Specific controls: Responsible educator:
Food Allergy Controls (if applicable)	How will the service manage this with other families if required: Cross-contamination controls: Cooking activity considerations: Celebration/event considerations: Excursion food arrangements:
Is there any additional training for staff required?	



Acknowledgment and Consent

Parent/Guardian

I understand that the following are my responsibilities to be met for care to continue for my child.

- I will ensure the required medication is with my child every moment they are at the service; I understand that I will be unable to leave my child if I do not have this medication with the child upon arrival.
- I will ensure that the medication has not expired.
- I will inform the centre of any changes to my child's medical condition and phone details for parents, authorised collectors and my child's doctor.
- I understand that a condition of enrolment is that I provide an action plan completed by a medical practitioner and complete a long-term medication form annually.
- I understand that the health and safety of my child is the main priority at the service, and as such, information about my child's allergies or serious medication conditions may be on display, including their picture and name. While this information is primarily for the educators at the service it may be viewed by students, volunteers, visitors, and other families. A condition of enrolment at this service is that this information is readily available to ensure your child's safety.
- I acknowledge that changes to the medical action plan, medication or known triggers must be provided to the service immediately by the family; a child will not be able to attend if this is not communicated to the service.
- Where a change is identified, a new action plan (if applicable) must be supplied, and a new medical risk minimisation and communication record must be completed and distributed before the child's next attendance.
- I agree that I have received a copy of the services Medical Condition Policy.
- I agree to meet the above responsibilities and am committed to working with educators.

Parent/Guardian Full Name:

Parent/Guardian Signature:

Date:

Nominated Supervisor

I have provided this Risk Minimisation Plan to the educators who regularly care for this child and those who prepare food. I have also placed this plan in several locations for educator's accessibility. I will ensure that new educators and others involved in the education and care of the child are made aware of this and the associated documents. Where products in the service are known to contribute to this medical condition, their use and purchase will be reviewed, and this will be communicated to all educators and the child's family. I have explained to the family that if we cannot control triggers and believe attendance to be too high risk for the child, we will not complete or continue with the enrolment.

Nominated Supervisor Full Name:

Nominated Supervisor Signature:

Date:

Staff Acknowledgement

Full name and signatures of educators and regular volunteers employed at the time of enrolment who have had the opportunity to read and ask questions around this form and the Action Plan. Future educators should be added as they are employed. Use additional record sheets where needed.



[illegible]