



# Diagnosed Medical Conditions

## Risk Minimisation Plan and Family Communication Plan

The following procedures have been developed in consultations with the parent/guardian and implemented to help protect the child identified as at high risk of medical emergency.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's diagnosed medical conditions: \_\_\_\_\_

CHECKLIST:	WHO IS RESPONSIBLE	RISK MANAGEMENT STRATEGIES
<p><b>Please list:</b> What are the issues and/or the actual/potential situations that could lead to a medical emergency, e.g., triggers.</p>		
Current medical management plan identifying known allergens/triggers has been provided.	Parent/guardian	Action plan provided before attendance
Parent/guardian are aware that the child is unable to attend the program without their prescribed medication	Parent/guardian Coordinator/Assistant Coordinator	Ensure medication is at the service otherwise child will not be able to attend
Parent/guardian has been provided with a medication authority form for completion indicating doctor's requirements regarding administration	Coordinator/Assistant Coordinator	Ensure the medication authority form is completed and provided with the medication in the child's name.
Parent/guardian is informed that a minimum of one educator qualified in First Aid, Anaphylaxis Management and Emergency Asthma Management is in attendance at all times	Coordinator/Assistant Coordinator	Inform Parent/guardian that a minimum of one educator qualified in First Aid, Anaphylaxis Management and Emergency Asthma Management is in attendance at all times
The prescribed medication is provided upon enrolment and the expiry date has been checked	Parent/guardian Coordinator/Assistant Coordinator	Expiry date of medication:

# Diagnosed Medical Conditions

Educators at the service check medication expiry date at the beginning of each school term/vacation care period	Coordinator/Assistant Coordinator/Educators	Expiry date of medication: Term 1:  Term 2:  Term 3:  Term 4:
Parents/guardians are aware that every child attending the service with an identified medical condition will have a current individual Emergency Action Plan with identifying photo displayed at the service	Coordinator/Assistant Coordinator/Parent/Guardian	Each child's individual Emergency Action Plan will be displayed at the service Educators will be made aware of each child with an identified medical condition and their individual Emergency Action Plan

## PARENT/GUARDIAN COMMUNICATION PLAN – I UNDERSTAND THAT:

<p>As the parent/guardian of _____, I am responsible for notifying the Nominated Supervisor of any changes to my child's condition including their Individual Emergency Management Plan and this Risk Minimisation Plan. <b>Any changes must be signed off by the treating doctor and a copy provided to the service.</b></p>
<p>In the event that my child suffers a medical episode whilst in care, service staff will administer emergency first aid as an immediate response and will call 000 for emergency medical treatment.</p>
<p>The service's Nominated Supervisor is responsible for managing and maintaining regular updates about my child's specific medical condition, sourcing information for all staff. This includes reviewing all policy documents annually.</p>
<p>All educators and other staff are informed about the medical condition of my child and have been shown their Individual Emergency Management Plan and this Risk Minimisation Plan.</p>
<p>My child's Individual Emergency Management Plan and this Risk Minimisation Plan must be reviewed annually.</p>
<p>I have received a copy of the service's Medical Conditions Policy and the Medication Policy and have read and agree to the conditions as listed on my child's Risk Minimisation Plan.</p>
<p><b>YES                      NO</b></p>
<p>Parents/guardian's additional comments/instructions:</p>

This plan was developed in consultation with the parent/guardian on \_\_\_\_/\_\_\_\_/\_\_\_\_

Reviewed in consultation with the parent/guardian on \_\_\_\_/\_\_\_\_/\_\_\_\_

