



Medical Condition Risk-Minimisation & Communication Plan

Happy Haven OSHC

To be completed by the parent/guardian in conjunction with the Director/Responsible Person

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

*Depending on the complexity of the condition, a guidance support plan may need to be developed.
For every medical condition identified, a separate plan must be completed.*

Child's Full Name:

Date of Birth:

Age:

Is your child always able to recognise their symptoms/reactions?

Y

N

Details: _____

How do you as a parent/guardian recognise the symptoms/reactions?

With food allergies, consider safe handling, preparation, consumption and serving of food

Risks	Strategies to minimise the risk of exposure	Responsibility
Example: Pollen	<ul style="list-style-type: none">• Check pollen count• Avoid high pollen areas	All educators

1
Signature of Parent/Guardian: _____

Date: ____/____/____

Signature of Director/Responsible Person: _____

Date: ____/____/____

Actions to be completed by OSHC	Checked	Actions to be completed by family	Checked
Director/Responsible Person will ensure that all educators, volunteers and trainees understand the medical conditions for this child. They will have access to the medical management plan, the policy, 'dealing with medical conditions' and the risk-minimisation and communication plan. These documents will be available in the relief staff guidelines.		If medical condition is food related, the family has spoken with the Director/Responsible Person about their child's requirements and menu alternatives.	
		Medical management plans are correct and current. Medication is in-date when supplied and new medication is supplied when required.	
Photo of child and quick reference label/card to be printed and displayed at site (e.g. on a keyring or displayed in office/kitchen area).		Will communicate any changes in relation to the medical management plan or the medication.	

I _____ have discussed the details of this risk-minimisation and communication plan with the Director/Responsible Person, _____ at _____, and I agree to the risk-minimisation strategies outlined above being implemented for my child.

This plan will be reviewed annually, in line with the medical management plan, or when changes to the medical management plan, medication or risk-minimisation and communication plan are identified. The next planned review date is in 12 months' time, ____/____/_____.

Read and Acknowledged by Staff

Staff Name & Signature	Date	Staff Name & Signature	Date

2
Signature of Parent/Guardian: _____

Date: ____/____/_____

Signature of Director/Responsible Person: _____

Date: ____/____/_____