



Medical Condition Risk Minimisation Plan

Regulation 90

Kids Active

To be completed by the parent / guardian in conjunction with the nominated supervisor

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. The risk management plan should be developed through consultation between the parents/guardians of the child and the child care service.

Child's full name: _____

Date of Birth: ____ / ____ / ____ Age ____

Details of medical condition / health requirements: _____

A medical management 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.

Has a medical management plan been submitted for this condition? Y N

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

Trigger

Reaction

<u>Trigger</u>	<u>Reaction</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Frequency of symptoms / reactions



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

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

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

Is your child always able to recognise the symptoms / reactions? Y N

Details: _____

Medication

Does your child require medication to treat the medical condition? Y N

Details: _____

Will your child require medication whilst in care? Y N

If yes, a Medication Authorisation Form **must** be completed

Is your child permitted to self-medicate? Y N

The circumstances under which the medication required is to be administered to your child whilst in care:

- As detailed in the management plan
- As per medication label / Doctor instructions
- Other (supply details)



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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 Plan

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Name of Child: _____

Date	Issue / Concern / Request / Information	Action Required	Actioned By	Communicated to Staff

Parent / Guardian Contact (1)

Name: _____
Relationship to child _____
Home phone: _____
Work phone: _____
Mobile phone: _____

Parent / Guardian Contact (2)

Name: _____
Relationship to child _____
Home phone: _____
Work phone: _____
Mobile phone: _____

Emergency Contact is not contactable

Name: _____
Relationship to child _____
Home phone: _____
Work phone: _____
Mobile phone: _____

Medical Practitioner contact

Name: _____
Phone: _____

This Medical Condition Risk Minimisation and Communication Plan has been developed with my knowledge and input and will be reviewed at the commencement of terms 1 & 3 of school each year or as required.

Next review date: ____/____/____

Parent / Guardian signature: _____

Name: _____ **Date:** ____/____/____

Nominated Supervisor signature: _____

Name: _____ **Date:** ____/____/____