



ADAMSTOWN OOSH Inc.

Risk Minimisation Plan

For children at increased risk relating to specific health care needs, allergy or relevant medical condition. Please note: **Page 1 and risk identification to be completed by parent/guardian and authorisation signed and communication strategies to be completed in consultation with the Centre Coordinator**

Child Details		
Childs Full Name:	Male ☐ Female ☐	DOB:
Adamstown OOSH ☐ Adamstown OOSH Vacation Care ☐		
Parent/Guardian Name:		
Address:	Home Phone:	Mobile:
Medical Practitioner contact:		
Emergency Contacts		
Name:	Relationship to child:	Phone Number:
Name:	Relationship to child:	Phone Number:
Medical Information		
Diagnosed Medical Condition:		
Parent preference for dietary requirements, sunscreen etc:		
Predominant triggers/allergens:		

Prescribed medications:					
Medication Name	Dosage	Method of Administration	Storage Location	Expiry Date	Expiry Date Check

If required, is medication to be administered whilst attending the service? *Please tick.*

☐ Before school care
☐ After school care
☐ Vacation Care
☐ No, medication is managed at home or at school.

Please note: If medication is to be administered by staff it needs to be in the original packaging with details of your child's name, medication name, dosage and expiry date. Please ensure that a Medication Administration Record is completed prior to your child attending the service.

Supporting Documentation

Is a medical management plan already in place? Yes ☐ No ☐

If yes, please attach a copy

If no, please complete a medical alert form ☐

Parent/Guardian permission for the Medical Management Plan and Risk Minimisation Plan to be displayed in relevant staff areas for the purpose of ensuring child safety: Yes ☐ No ☐

Plan Review Information

Date Developed	Review Date	Date Updated	Updated By

Risk Identification and Minimisation

Identified risks	Strategies to be put in place to reduce risks	Are there known triggers or allergens at the service that pose a risk to the child? If yes what are they?

Communication Strategies

How and when will families communicate updates or changes to the child's Medical Management Plan, medication or health needs?

How will educators, staff, students, volunteers and casual staff be informed of the child's medical condition, risk minimisation strategies and emergency procedures?

How will relief educators and new staff access the child's Medical Management Plan and Risk Minimisation Plan?

How will information be communicated during excursions, transportation and emergency evacuations?

Who will carry the child's medication and Medical Management Plan during excursions or evacuations?

How will the child be identified during excursions or emergency situations?

How will changes to medication, plans or health needs be documented and communicated to families and staff?

Authorisation

The Risk Minimisation Plan has been developed with my knowledge and input and the plan will be monitored and reviewed in accordance with Adamstown OOSH Inc. policies and procedures and legislative standards. The Risk Minimisation Plan has been developed with my knowledge and input and will be monitored, reviewed and updated in accordance with Adamstown OOSH Inc. policies, procedures and legislative requirements.

The Risk Minimisation Plan and Medical Management Plan will be communicated to relevant educators, staff, students, volunteers and casual staff to ensure the safe management of the child's medical condition.

Relevant medical information may be displayed in staff areas, food preparation areas and excursion materials where necessary to protect the child's health, safety and wellbeing.

Centre Coordinator Name _____ Signature _____ Date _____

Parent/Guardian Name _____ Signature _____ Date _____

Staff Communication Record

[illegible]