



## Medical Condition Risk Minimisation Plan Confirmation of details or Change of situation Form

### Child's details

Please complete the details of the child

Full name	
Date of birth	
Preferred contact details (phone number, email address, etc.)	

### My child's situation has/has not changed.

Please complete **below** to let us know if your situation has changed.

Type of change - select any that apply	<input type="checkbox"/> There have been changes to the Medical Condition Risk Minimisation and Communication Plan ( <b>Please update those changes -The new Medical Condition Risk Minimisation and Communication Plan required</b> )  <input type="checkbox"/> There have been no changes ( <b>Please sign Parent/Carer declaration below</b> )
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## Grange PS OSHC

39C Jetty St, Grange SA 5022

08 8353 4917

[oshc.gps552@schools.sa.edu.au](mailto:oshc.gps552@schools.sa.edu.au)

### Parent/Carer declaration

I confirm that the information provided in this form is complete and correct.

***By signing this document, I understand that all the above information is accurate, and I am required to provide Grange PS OSHC with up to date:***

- ***Medication,***
- ***Medical Authority Forms and***
- ***Health Care Plans.***

***If the required Medication, Medical Authority Forms and Health Care Plans have expired, care cannot be provided until these are updated.***

Full name	
Signature	
Date	