Grange Primary School OSHC

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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	☐ There have been changes to the Medical Condition Risk Minimisation and Communication Plan (Please update those changes –The new Medical Condition Risk Minimisation and Communication Plan required) ☐ There have been no changes (Please sign Parent/Carer declaration below)

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	