Grange Primary School OSHC

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MEDICAL RISK MINIMISATION PLAN

CHILD'S NAME:				DOB:	
1.	Details of medical condition?				
2.	Does the child need dietary modifications? *(If yes, please comment in sections below.)*	Y/N	3.	Has a medical management plan been submitted for this condition?	Y/N
4	**RISK:** What are the issues or triggers *and/or* actual/potential situations that could lead to a medical emergency?	**STRATEGY:** What can be done to reduce these risks? What resources are needed?		**WHO:** Who needs to be included in the process? Why?	
5.	**Dietary Modification: Unsafe foods, drinks & meals:** (If applicable)				
6.	**Safe foods, drinks & meals:** (If applicable)				

All relevant staff members have been made aware of this plan and understand the risk, the plan to minimise the risk and how to respond if a risk has been detected.

Responsible Person Name		Date	
Responsible Person Signature			

Parent/Guardian's Name		Date	
Parent/Guardian's Signature			

MEDICAL COMMUNICATION PLAN

This communication plan has been developed to ensure that relevant staff members are informed about the *Medical Conditions Policy*, the medical management plan and the risk minimisation plan for individual children and to outline avenues of communication between families and the Service. (regulation 90 (1)(iv)).

Families must communicate with educators about their child's individual needs and any changes to the Medical Management Plan, record any changes to the child's individual needs below.

Child's Name			DOB:
Date	____/ ____/ 20____	Parent/Guardian Name _____ Signature _____	Educator/Staff member Name_____ Signature_____
Notes:			