**Medical Risk Minimisation Plan**

**To be kept with the child’s Medical Management Plan / Enrolment Record**

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specific Health Care Need, Allergy or Medical Condition** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Including epilepsy, diabetes and behavioral disorders)

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| --- | --- |
| **Specific Risks in Relation to Condition** | |
|  | |
| **Potential Sources** | |
|  | |
| **Strategies to Minimise/Manage Risks** | |
| **Consider the following & Note strategies to be implemented:** | |
| Removal of/limiting access to allergens: | |
| Food preparation, storage, handling, consumption and serving of food: | |
| Food being brought into service: | |
| Other e.g. separate seating, blood sugar testing, specific eating times, medication storage and accessibility | |
| Behaviour management strategies: | |
| **Strategies to Inform Staff** | |
| Ensure all staff(including cooks),relief staff, volunteers and students are familiar with :   * the child with the specific health need, allergy or medical condition * the location of the child’s medical management and medical risk minimisation plan * the child not attending the service without their prescribed medication * location of child’s medication | |
| Location of child’s medication is: | |
| Note how all staff **will** be notified: | |
| Note when and how all staff **were** notified: | |
| **Strategies to Inform Families** | |
| Do all parents within the service need to be notified of any allergens that pose a risk to your child?  Yes 🞏 If yes, complete next question  No 🞏 If no, no action required. | |
| If yes:  How **will** you notify all parents?  Anaphylaxis sign will be on display at the entrance to the service. | |
| Note when and how all families **were** notified of strategies to minimise and manage these:  Anaphylaxis notice will be on display at the entrance to the service.  Anaphylaxis notice was displayed at the service: \_\_/\_\_\_/\_\_ (date) | |
| Parent/guardian of the child diagnosed with the Specific Health Care Need, Allergy or Medical Condition have been provided with the Medical Conditions policy on: \_\_/\_\_\_/\_\_ (date) | |
| **Auto Injection Device and /or Medication** | |
| **Auto Injection Device:**  **Expiry date: \_\_\_/\_\_\_/\_\_\_** | **Medication:**  **Expiry date: \_\_\_/\_\_\_/\_\_\_** |

I understand that it is my responsibility to inform staff of any changes in my child’s specific health care need, allergy or relevant medical condition and/or medication/auto injection.

Parent name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **\_\_\_/\_\_\_/\_\_\_**

Educator name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **\_\_\_/\_\_\_/\_\_\_**