**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: **\_\_\_/\_\_\_/\_\_\_**