



RISK MINIMISATION & COMMUNICATION PLAN

Confidential

Name of Educator:

Name of Child: Date of Birth:
Family Name (please print) First Name (please print)

Date of this Plan:

Care plans and other documentation such as medical reports

Does this child have any documents describing his/her health care needs? YES NO

- Anaphylaxis Action Plan
- Diabetes Action Plan
- Asthma Action Plan
- Eczema Management Plan
- Special Health Care Plan

If this school age child has an asthma or diabetes action plan do you give permission for them to self medicate? YES NO

If yes, is there any information (additional to the action plan) the educator needs to be aware of?

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Other health issues that do not require an action plan

Does this child suffer from any of the following: YES NO

- Minor Allergic Reaction/Intolerance
- Other Medical Condition
- Mild Eczema

If **yes**, what are the known triggers for the specific health care need?

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How are the risks to the child's specific health care need minimised (including any specific food handling practices)?

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Are there any known allergens that pose a risk to the child in the child care environment?

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Please document below the course of action to be taken if condition occurs.

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AUTHORISATION

I have read, understood and agreed with this plan and any attachments indicated above.

I support the use of this plan by supervising staff.

Parent/Guardian: Signature:
First Name (please print) Family Name (please print)

Educator: Signature:
First Name (please print) Family Name (please print)