



# RISK MINIMISATION & COMMUNICATION PLAN

**Confidential**

Name of Educator: .....

Full Name of Child: ..... Date of Birth: .....

Date of this Plan: .....

## Medical Action Plans

Does your child have a Medical Action Plan?  YES  NO – Please see page two for other health issues

Anaphylaxis Action Plan

Asthma Action Plan

Diabetes Action Plan

Other (please describe) .....

If your child is of school age and has an asthma plan or diabetes plan; do you give permission for them to self medicate?

YES  NO

Please list all triggers / allergens related to your child's medical condition?

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Is there any information (additional to the action plan) the educator needs to be aware of?

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**Other health issues**

Does your child suffer from any of the following?

- Allergy / Intolerance (please describe) .....
- Eczema
- Other (please describe) .....
- No other health issues known – no further information required, please sign authorisation.

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

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Please describe any strategies to minimise the risks to your child’s health (eg; any specific food handling practices)?

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Describe the course of action to be taken if condition occurs

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**AUTHORISATION**

***I have read, understood and agree with this plan. I have provided all relevant documentation to Mackay Family Day Care Scheme. I understand that all MFDC Educators and Staff will abide by policy 3.3 Dealing with Medical Conditions.***

Parent/Guardian: ..... Signature: .....

Educator: ..... Signature: .....