



**Risk Minimisation Plan and Communication Plan  
in relation to a child's specific health care need, allergy  
or relevant medical condition (Regulation 90).**

*To be completed in consultation with the parent/guardian, to develop a risk-minimisation and communication plan for a child (90.1,c,iii)*

The Education and Care Services National Regulations (Reg 90) sets out practices in relation to:

- (1a) the management of medical conditions, including asthma, diabetes, seizures or a diagnosis that a child is at risk of anaphylaxis;
- (1b) informing the nominated supervisor and staff members of, and volunteers at, the service of practices in relation to managing those medical conditions; and
- (1c) the requirements arising if a child enrolled at the education and care service has a **specific health care need, allergy or relevant medical condition, including –**

**Medical Condition:** \_\_\_\_\_

**Childs Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

<p>Do you have a medical management plan for the child? (1c,i)      <b>YES    NO</b></p> <p><b>If YES, has the <u>medical management plan</u> been supplied to the coordination unit?    YES    NO</b>  <b>If NO please attach a copy.</b></p> <p>Has this plan been reviewed in the last 12 months?      <b>YES    NO</b></p>
<p>Are there any further conditions, requiring the medical management plan, <u>or for the child's health care/medical needs</u> to be followed in the event of an incident relating to the <b>child's specific health care need, allergy or relevant medical condition?</b> (1c,ii)</p>
<p>Name of Medication?</p>
<p>How can our service ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition <b>continue to be assessed and minimised for the child?</b> (1c,iii,A)</p>
<p>If relevant, how can our service, ensure that practices and procedures, in relation to the safe handling, preparation, consumption and service of food are developed and implemented? (1c,iii,B)</p>

If relevant, how can our service notify the parent/guardian of any **known allergens** that may pose a risk to the child? (1c,iii,C)

How can our service develop and implement strategies to minimise the allergens risks to the child?

**If the child has a medical management plan**, it will be **displayed** in what location at the Educators premises? (1c,iii,D)

**If the child does not have a medical management plan**, are there any further requirements for the child's health care/medical needs, not already identified? (1c,iii,D)

**Where will the child's medication be located?**

*Please note: All medication MUST be labelled with the child's name displayed, from a Pharmacy (if it is prescription medication) and from a Pharmacy (if it is any other medication).*

**I understand and agree to the following statements:**

- That all visiting coordinators and any relevant parties, will be made aware of **this Risk Minimisation Plan and Communication Plan**. (1c,iv,A)
- I will communicate any changes to the medical management plan and risk minimisation plan for the child and set out how that communication should occur. (1c,iv,B)
- If relevant, I understand that my child cannot attend the service without their medication, that has been prescribed, or required by my child (1c,iii,E)
- I will review all documentation every 12 months, or when anything changes and supply a copy to Ausscot Family Day Care, when required.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_