



Medical Risk Minimisation Plan

To be completed by the parent/guardian in conjunction with your Family Day Care educator



Child's full name: _____

Date of Birth: ____/____/____

Details of medical condition/health requirements: _____

Has a medical management plan been submitted for this condition? Yes No

Predominant known triggers for the medical condition and potential reaction/s

Trigger	Reaction

Frequency of symptoms/reactions

How often does your child display symptoms or suffer from reactions of the medical condition?

- Infrequently (5 or less per year)
- Monthly
- Daily
- Occasionally (6 or more per year)
- Weekly
- When exercising

How do you as a parent/guardian recognise the symptoms/reactions?

Is your child always able to recognise the symptoms/reactions? Yes No

Details: _____



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Medication

Does your child require medication to treat the medical condition? Yes No

Details: _____

Will your child require medication whilst in care? Yes No

If yes, a Medication Authorisation Form **must** be completed

Is your child permitted to self-medicate? Yes No

Location of where medication is stored at the service? _____

The circumstances under which the medication required is to be administered to your child whilst in care:

- As detailed in the management plan
- As per medication label/ doctor's instructions
- Other: _____

How can we minimise the risks relating to your child's health care needs/medical condition and what strategies can we implement to avoid triggers?

Risk	Strategy	Who is responsible

Communication plan:

Date	Issue/concern/request/information	Action required	Actioned by	Communicated to staff
	This document and any additional documentation e.g. asthma plans are to be sent through to the service.	Completed forms are sent through to the FRC	Family Day Care educator	

This Medical Condition Risk Minimisation Plan has been developed with my knowledge and input and will be reviewed every 12 months or as required.

Review date: ____/____/20__

I have read, understood and agree to the actions to be taken by the Educator detailed in this plan. I approve the release of this information to the emergency medical personnel and give my consent for this form (including my child’s photograph) to be displayed at the Family Day Care residence and YMCA Family Resource Centre play sessions.

Parent/Guardian name: _____

Signature: _____ Date: ____/____/20__

Family Day Care educator signature: _____ Date: ____/____/20__