**Medical Risk Management and Communication Plan**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_\_\_\_\_

Child’s Medical Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following procedures are developed in consultation with the parent/guardian and medical practitioner. They are implemented to protect the child diagnosed at risk. (Education and Care Services National Regulations June 2010 (90)(iii)).

This risk minimisation is to be read and followed in conjunction with the child’s medical action plan.

|  |  |  |  |
| --- | --- | --- | --- |
| Triggers or potential hazards to child/condition | Symptoms | Action Plan | Ways to minimise risks |
|  |  |  |  |

**Communication Plan:** ( Staff to complete with parent and room Educators)

* The senior staff member inducting new staff will be responsible for informing other staff of children’s action and risk minimilisation plans and how to identify the children with allergies and medical conditions. The Nominated Supervisor and room staff will be responsible for ensuring regular updates are given and received.
* The parent/guardian is responsible for informing TCCC of any changes to the child’s risk minimisation plan and medical action plan. These changes must be signed off by the treating doctor and a copy provided to the Service.
* Other families will be notified via newsletters and emails that a child at risk of\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and identify ways for families to help minimise the hazards and risks identified in this plan, wherever possible.

I have received a copy of the risk management and communication plan and the Dealing with Medical Conditions Policy.

I have read and agree to the risk management plan

This plan was developed/ in consultation with the parent/guardian on \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Name of Parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed on \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Name of Parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_