

Cobble Creek OSHC

RISK MINIMISATION FORM

Date:

Name of Child:

Medical Condition/Health
Requirement/Medication Required:

CURRENT
PHOTO
OF CHILD

Emergency Contacts

Priority Contact	Name of Guardian	Relationship to Child	Contact No. 1	Contact No. 2
1				
2				
3				

Allergen/s and Potential Reactions	Times of Potential Exposure	Strategies to Minimise Risk	Responsibility
<i>What are they allergic to? What should they avoid?</i>	<i>What time of day/year/weather would cause a reaction?</i>	<i>How can we reduce the risk of reactions?</i>	<i>Who is responsible for this plan to work?</i>

Name of Guardian:

Cobble Creek OSHC

RISK MINIMISATION FORM

For **Supervisor's** to Complete

- Nominated Supervisor will ensure that all educators, staff (including Cook), volunteers and students understand the medical conditions for this child
- Medical management plan is fully completed and visible for educators at high risk areas
- The risk minimisation plan is developed and completed with lead educators (cook, if relevant) and family (child is relevant)
- The nominated supervisor will communicate with educators and Cook (if relevant) any changes to child's medical condition
- Medication will be stored out of reach of children, but in a recognisable, known location to educators. Medication will be checked to ensure it meets policy requirements
- Nominated supervisor will communicate the attendance patterns and any changes to educators and Cook
- The nominated supervisor will ensure the medical management, risk minimisation and communication plan are reviewed annually, or when changes are identified

SUPERVISOR SIGNATURE

For **Guardian/s** to Complete

- Medical Management plans are correct and current to ensure the correct information is provided to the centre
- If medical condition is food related, have talked with centre's cook about their child's requirements and menu alternatives
- The risk minimisation has been developed in consultation with family and centre
- Any changes to their child's medical condition will be communicated immediately to the nominated supervisor
- All medications required will be on premises at all times child is in attendance. Medication will be prescribed by a doctor, in date, clearly labelled in original packaging
- Family will ensure that changes of attendance and absences are notified to centre
- The medical management, risk minimisation and communication plan will be reviewed annually or when changes are identified

GUARDIAN SIGNATURE

I [REDACTED] (Parent/Caregiver)

have discussed the details of this risk minimisation and communication plan with

[REDACTED] (Service Supervisor)

We agree to the above strategies being implemented for my child.

I also give permission for this risk minimisation plan to be displayed in prominent areas of high risk such as the kitchen. This plan will be due for renewal annually.