

Medical Risk Minimisation and Communication Plan

Child's Name:

Date of Birth:

Parents Name:

Phone number:

Medical Practitioner (Name & Contact):

Medical Risk Identified: Anaphylaxis / Asthma / Diabetes / Allergy / Other _____.(circle)

Any other Medical Diagnosis:

Medication/Treatment:

Risks

Risk Management Strategies

Please list below potential sources of exposures/triggers for the allergen/allergens:

Parent comment or instructions:

Educator strategies

Current medical plan with identified allergens/
medical conditions provided: (please circle)

YES/NO

**Medical Plan must be provided before
attendance can commence.**

The Medical Risk Management and Communication Plan has been developed with my knowledge and input must be reviewed inline with the child's medication plan:

Name: _____ Signed: _____ Date: _____.