Aranda Afters Association Incorporated

Risk Minimisation and Communication Plan

Office Use only

Action Plan Provided: Yes/No/NA **Review Date**:____________________

Medication Provided: Yes/No/NA **Expiry Date:** ____________________

Plan Implemented By:____

(Leadership team)

Commencement Date:		Review Date:	

This plan will be reviewed upon enrolment each year and after any incident or medical emergency involving the child in this plan.

Child's Full Name:_______________________________ Date of Birth:__________________

Medical Condition:	(Please list condition)

Parent Details

Parent Guardian Name:________________________ Contact Number:__________________

Signature:________________________

Parent Guardian Name:________________________ Contact Number:__________________

Signature:________________________

Medical Practitioner	
Name:	Phone:
Address:	

Risk Table		
Risk Identified	**Actions the service will take to minimise the Risk Identified**	**Who is responsible**

Service Communication Plan
• All persons working with children will be provided with a copy of our Medical Conditions Policy • All Educators participate in Asthma and Anaphylaxis Training every 12 months • All leadership staff members hold a complete First Aid Certificate and refresh CPR each year • General medications are stored in the one place in the office, each medication is stored in a clearly labelled box with the child's Name. • Epi pens are stored in the one place in the first aid cupboard, each medication is stored in a clearly labelled box with the child's Name. • Action plans are located In a folder in the office and all staff will read and sign to say they have read the folder • Action plans are also located in the child's medication box • Aranda Afters will keep a register of Medication and Action plan Expiry dates and will communicate to families to update these in a timely manner • The Risk Minimisation and Communication plan for each child will be kept in the Medical conditions folder that all staff read • Kitchen staff are provided with an updated medical conditions list each term and updated when a change is notified to the service

I, (Parent/Guardian name) ____ will communicate any changes in relation to my child's medical management plan and risk minimisation plan in writing to the nominated supervisor immediately.

Parent/Guardian Signature:_______________________________ Date: ____________________

Child's Communication Plan			
Date	**Update**	**Who this was communicated to**	**How it was communicated**