



Aranda Afters Association Incorporated

Risk Minimisation and Communication Plan

Office Use only

Plan Implemented By: _____

(Leadership team)

Commencement Date:

Review Date:

Review 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:



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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 first aid area 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: _____



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