



TORRENSVILLE PS OSHC RISK MANAGEMENT PLAN

Child's Name: Implementation Date:

Medical Condition/Disability:

A **Medical Plan** (for children with disabilities-follow website instructions) should be completed by a **medical practitioner containing the following information:** (*proforma forms available from OSHC website*)

- Child's name, date of birth, recent photo
- A start and review date for the Medical Care Plan
- Details of the health care need, allergy or medical condition, including symptoms and triggers
- Contact details of the treating medical practitioner
- Severity of the condition
- Current medication
- Response required if symptoms emerge
- Medication required in an emergency and emergency care

RISK MINIMISATION PLAN (*FAMILY / CAREGIVERS & OSHC DIRECTOR TO COMPLETE*)

Date	Medical Condition/Disability	Causes	What May Happen	Control Measures



TORRENSVILLE PS OSHC RISK MANAGEMENT PLAN

Plan Prepared By:(Director / Other) and
..... (Family / Caregiver)

Notes:.....
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Any medication administered at home:

Side effects:

Directors complete a **Communication Plan** with staff members to ensure educators know how to manage your child's medical condition and reduce risk. Your child's Medical Disability Plan will be displayed in an area accessible by educators who are responsible for your child's education and care. To comply with the Education and Care Services National Regulations your consent is required. The information will not be used for any purpose other than to ensure the wellbeing of your child.

Name (Family/caregiver): Signature (Family/caregiver):

Date:.....