



## TORRENSVILLE PS OSHC RISK MANAGEMENT PLAN

Child's Name: ..... Implementation Date: .....

Medical Condition: .....

**A Medical Health Care Plan should be completed with the child's medical practitioner (and attached) containing the following information:** *(proforma forms available from OSHC)*

- 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
- Response required if the child does not respond to initial treatment
- When to call an ambulance

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

Date	Medical/Health Condition	Causes	What May Happen	Control Measures



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

Notes: .....  
.....  
.....

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 / Health Care 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: ..... Signature: .....

Date: .....