



Liwara Catholic Outside School Hours Care

HEALTHCARE PLAN AND RISK MINIMISATION PLAN

Child's photo

Child's Name:			
Date of birth:		Gender:	
Emergency Contacts:	Parent/carer information (1)		arent/carer information (2)
	Name:	N	lame:
	Relationship:	R	elationship:
	Home phone:	Н	lome phone:
	Work phone:	V	Vork phone:
	Mobile:	M	lobile:
Medical practitioner	Name:	Р	hone:
Specialist	Name:	P	hone:
Other emergency con (if parent/carer not av			
Health Care Action Pla	an provided by parent/carer (please o	circle): YES / N	NO
MEDICAL CONDITI	ON INFORMATION		
Details of Medical con	dition:		
Signs and symptoms	of child's condition:		
Triggers or things tha	t make your child's condition worse:		
Routine health require	ements:		
Medication to be adm	inistered while in care:		
What to do in an eme	rgency - list details below and attach	ı your EMERGI	ENCY ACTION PLAN:
Signature of parent/ca	arer:		Date:
Food coordinator:			Date:
Lead Educator:			Date:
Nominated supervisor	/Enrolling staff member:		Date:

Date Written: Review date:



Risk Minimisation plan - Strategies to Avoid Health Triggers (to be developed in partnership with children families and educators)

Child's name:		
Risk	Strategy	Who is Responsible?
I/we agree to these arrangements, inclu	iding the display of our child's picture,	first name, medication held
and location, and brief description of all	ergy/condition on a poster in all child	ren's rooms and prominent
places to alert all staff, volunteers and s	tudents.	
Parents signature:	Date	
Educators signature:	Date	





MEDICAL RISK MINIMISATION COMMUNICATION PLAN

Child's name:	
Asthma, allergy or medical condition/s	S

Communication	Educator Signature	Date