

Medical Management Plan

Child's Name: _____ Implementation Date: _____

Medical Condition: _____

A Medical Management Plan should be completed with the child's medical practitioner (and attached) containing the following information:

- Child's name, date of birth, recent photo
- 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

Date	Medical/Health Condition	Causes	What May Happen	Control Measures



Christian Brothers College OSHC

Medical Management Plan

Plan Prepared By: _____ (Director / Other) and
 _____ (Parent/s)

Notes: _____

Communication Plan

Plan	Date completed	Name & Signature of Person Responsible
Relevant staff and volunteers have been informed of the child's Medical Condition / Health Care Need and Risk Minimisation Plan		
Parents have been provided with a copy of the OSHC Care Medical Conditions Policy		
Parents have been informed that the child's Medical Management Plan and Risk Minimisation Plan must be updated at least annually or as changes are required		

Your child's Medical / Health Care Plan will be available in a file accessible by staff 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: _____