

COOMERA RIVERS OSHC

Medical Condition Risk Minimisation Plan

Child's name:	Date of Birth:
What is the specific health care need, allergy or relevant medical condition that this assessment addresses?	
Does the child need dietary modifications? (if yes, please comment in sections below)	
Risk – What are the issues and/or the actual/potential situations that could lead to a medical emergency?	
Strategy – What can be done to reduce these risks? What resources are needed?	
Who – Who needs to be included in the process? Why?	
Unsafe Foods and Meals (if applicable):	
Safe foods and meals (if applicable):	

Educator's name and signature: _____ Date: _____

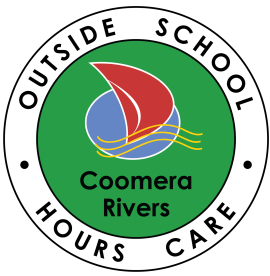
Parent's name and signature: _____ Date: _____

All educators have been made aware of this medical conditions risk minimisation plan and understand the risk, plan to minimise the risk and how to respond if a risk has been detected.

Director Name: _____

Director Signature: _____

Date: _____



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Additional details: