



### **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	ame:		
	Relationship:	R	elationship:		
	Home phone:	Н	ome phone:		
	Work phone:	W	/ork phone:		
	Mobile:		obile:		
Medical practitioner	Name:	Pl	hone:		
Specialist	Name:	PI	hone:		
Other emergency contacts: (if parent/carer not available)					
Heath Care Action Pla	n provided by parent/carer (please ci	rcle): YES / N	0		
MEDICAL CONDITI	ON INFORMATION				
Details of Medical con	dition:				
Signs and symptoms	Signs and symptoms of child's condition:				
Triggers or things that make your child's condition worse:					
Routine health requirements:					
Medication to be administered while in care:					
What to do in an emergency- list details below and attach your EMERGENCY ACTION PLAN:					
Signature of parent/carer:			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?		
and location, and brief descriplaces to alert all staff, volum	ption of allergy/condition on a pol teers and students.	child's picture, first name, medication held ster in all children's rooms and prominent		
Parent's signature:	Date			



Educator's signature:	Date	



### **Medical Conditions Risk Minimisation**

### **Communication Plan**

Child's Name:Asthma, allergy or medical condition:					
	condition:	condition:			