



Liwara Catholic Outside School Hours Care

HEALTHCARE PLAN AND RISK MINIMISATION PLAN



Child's Name:				
Date of birth:		Gender:		
Emergency Contacts:	Parent/carer information (1)		Parent/carer information (2)	
	Name:		Name:	
	Relationship:		Relationship:	
	Home phone:		Home phone:	
	Work phone:		Work phone:	
Mobile:		Mobile:		
Medical practitioner	Name:	Phone:		
Specialist	Name:	Phone:		
Other emergency contacts: (if parent/carer not available)				
Heath Care Action Plan provided by parent/carer (please circle): YES / NO				
MEDICAL CONDITION INFORMATION				
Details of Medical condition:				
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:



Educator's signature: _____ Date _____

