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| Enrolment – PART F – QKT-022 Medical Conditions Risk Minimisation Plan |

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| **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 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):** |
| **Does your child need to take any preventative medication at Quinns Kids, either before school, after school or during vacation care?** |
| **Is it possible that your child may need to use any medication at Quinns Kids e.g. Ventolin, spacer, anti-histamine, auto-injector, ibuprofen etc?** If so, please supply the named medication or equipment in a named bag. We cannot share the medication with the school or with another child.  |
| **Any other comments:** |

Educator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Nominated Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_