

SFX OSHC RISK MINIMISATION PLAN

A Medical Health Care Plan needs to be completed with the child's medical practitioner (and attached to this form) containing the following information:

- o Child's name, date of birth, recent photo
- A start and review date for the Medical Care Plan
- Details of the health care need, allergy or medical condition, including symptoms and triggers
- o Contact details of the treating medical practitioner
- Severity of the condition
- o Current medication (if any)
- o Response required if symptoms emerge
- Medication required in an emergency
- o Response required if the child does not respond to initial treatment
- When to call an ambulance

If you require further information, have any questions or would like a copy of the required health care plans/ forms please email oshc@sfx.catholic.edu.au

dical Documentation provided:	
SFX OSHC RISK MANAGEMENT PLAN Plan Prepared By:	
mily / Caregiver) Name:	
ector / Other) Signed Off:	

On the next page please provide as much information in the table below regarding your child's medical needs. This is to ensure in the event your child requires medical help the educators have as much information possible to support your child.



Child's Full Name:
Child's Date of Birth:/
Date Risk Management Plan Effective:/
Risk Management Plan review date:/
Medical Condition/s:

Medical Condition (example: raw egg allergy)	Causes (example: eating raw egg. Can have cooked egg in cakes)	What May Happen (example: trouble breathing)	Control Measures (example: not to have any raw egg or products with raw egg present)	Additional Notes (example: can have egg cooked in cakes)