



Long Term Medication 7 Risk Management Plan

(for conditions such as, but not limited to, Asthma, Anaphylaxis, Diabetes or ADHD)

Child's name: _____ **D.O.B** _____

Educators name: _____

To be completed by the parent / guardian / nominated person

Reason for medication: _____

Name of medication	Dosage	Time to be given	Method of administration eg oral, Inhaled, injected

Circumstances to be administered: _____

To be completed by the educator when administering

Medication administered				Signature of educator	Child authorised to self administer	Parents initial and date
Date	Medication expiry date checked	Time administered	Dosage given			

To be completed by the educator when administering

Medication administered				Signature of educator	Child authorised to self administer	Parents initial and date
Date	Medication expiry date checked	Time administered	Dosage given			

- I request that the above medication be administered in accordance with the instructions above.
- I agree to supply the medication within its use by date, in the original container and will notify the educator when medication or dosage changes or medication is no longer required.
- I understand that I must provide additional written permissions for my school aged child to self administer medication.

YES / NO (please circle) A letter or management plan from my medical practitioner has been provided (updates are required annually or sooner if medication changes)

YES / NO (please circle) The risk management plan has been completed on the following 2 pages.

Parent/guardian/nominated person

Signature

Date

RISK MINIMISATION PLAN FOR LONG TERM MEDICAL CONDITIONS



Child's Name: _____ Date of Birth: _____

Medical Condition: _____

Assessment of Risk

Identified risks in the care environment e.g pets, food allergies, accessibility

- _____
- _____
- _____

Minimising Risks

1. Food handling, preparation and consumption:

If there is a potential allergen in the care environment, can it be stored in an inaccessible location? YES / NO Location _____

Will the child be exposed to the allergen/s when eating in a group? YES / NO

If YES, how can the risk be minimised?

Procedures for checking if allergic foods have been brought into the care environment;

Considerations for party events; _____

2. Environmental considerations:

For example: Plants/grasses; animals; insects; physical environment

3. Required care practices:

Additional supervision considerations e.g sleep monitoring/ glucose monitoring

Experiences modifications e.g no eggs in craft

Procedures modifications e.g latex gloves allergy

Communication of Medical Condition

Action Plan or Doctors instructions readily available if required.

Location _____

Date of next review (12 months or earlier if conditions change)

Accessibility to medication

Storage location _____

Plan completed in consultation with:

Educators Name

Educators Signature

Date

Parents Name

Parents Signature

Date