



Little Grace's Out of School Hours Care

Child's photo

## 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)		
<b>MEDICAL CONDITION INFORMATION</b>		
Health/medical condition (circle): Asthma/Anaphylaxis/Allergy/Intolerance/Disability/Sensitivity/Other		
Details:		
Signs and symptoms of condition:		
Condition triggers:		
Routine health requirements:		
Does your child require medication to be administered whilst in care? (circle) YES/NO		
Details of medication:		
Details of administration:		
What to do in an emergency – list details below		
Relevant documentation attached: (must have been issued/reviewed within the last 12 months)		
<ul style="list-style-type: none"> <li><input type="radio"/> Action Plan – Anaphylaxis</li> <li><input type="radio"/> Action Plan – Asthma</li> <li><input type="radio"/> Management Plan: please specify:</li> <li><input type="radio"/> Other – please specify:</li> </ul>		
Signature of parent/carer:		Date:
Food coordinator:		Date:
Lead Educator:		Date:
Nominated Supervisor:		Date:



