



**JUMBUNNA  
COMMUNITY PRESCHOOL AND  
EARLY INTERVENTION CENTRE INC.**  
ABN 49 903 929 508

Telephone: (02) 66622866  
 Fax: (02) 66626595  
 Email: [jumbunna@jumbunna.com.au](mailto:jumbunna@jumbunna.com.au)  
 Website: [www.jumbunna.com.au](http://www.jumbunna.com.au)

PO Box 231  
 60 HIGH STREET  
 CASINO NSW 2470

<p><b>MEDICAL CONDITION RISK MINIMISATION PLAN</b>          Regulation 90</p>
---

**To be completed by the parent / guardian in conjunction with the nominated supervisor/or their delegate**

Regulation 90 of the Education and Care Services National Regulations requires a risk-minimisation plan for the management of medical conditions for children in care. The term medical conditions include, but is not limited to asthma, diabetes, seizure disorder/epilepsy or a diagnosis that a child is at risk of anaphylaxis. The risk management plan should be developed through consultation between the parents/guardians of the child and the childcare service.

Child's full name:

---

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      Age \_\_\_\_\_

Details of medical condition / health requirements:

.....

.....

.....

.....

.....

A medical management plan is required for children who suffer from asthma, diabetes, seizure disorder/epilepsy or have been diagnosed at risk of anaphylaxis. A medical management plan may also be required for other health conditions.

Has a medical management plan been submitted for this condition?    Y     N



Early Childhood Intervention Australia NSW /ACT  
 Tel: (02) 9879 2593  
 Fax: (02) 9872 8251  
 Suite 607, Level 6, 83 York Street, Sydney NSW 2000



**Known triggers for the medical condition and potential reaction/s**

<b>Trigger</b>	<b>Reaction</b>
----------------	-----------------

.....

.....

.....

.....

**Frequency of symptoms / reactions**

How often does your child display symptoms of suffer from reactions of the medical condition?

- |                          |                                 |                          |                                   |
|--------------------------|---------------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Infrequent (5 or less per year) | <input type="checkbox"/> | Occasionally (6 or more per year) |
| <input type="checkbox"/> | Monthly                         | <input type="checkbox"/> | Weekly                            |
| <input type="checkbox"/> | Daily                           | <input type="checkbox"/> |                                   |

How do you as a parent / guardian recognise the symptoms / reactions?

.....

.....

Can your child recognise the symptoms / reactions? Y  N

Details

.....

**Medication**

Does your child require medication to treat the medical condition? Y  N

Details.....

.....

Will your child require medication whilst in care? Y  N

If yes, a Medication Authorisation Form **must** be completed

The circumstances under which the medication required is to be administered to your child whilst in care:

As detailed in the management plan      or      As per medication label/ Dr instruction

Or Other (supply details)

.....

.....

.....

**How can we minimise the risks relating to your child's health care needs / medical condition and what strategies can we implement to avoid triggers.**

RISK	Strategy	Who is responsible



Early Childhood Intervention Australia NSW /ACT  
 Tel: (02) 9879 2593  
 Fax: (02) 9872 8251  
 Suite 607, Level 6, 83 York Street, Sydney NSW 2000



COMMUNICATION PLAN      Regulation 90

Name of Child.....

Date	Issue/Concern/Request/information	Action Required	Actioned By	Communicated to staff



Early Childhood Intervention Australia NSW /ACT  
 Tel: (02) 9879 2593  
 Fax: (02) 9872 8251  
 Suite 407, Level 6, 83 York Street, Sydney NSW 2000



**Parent / Guardian Contact (1)**

Name: .....

Relationship to child.....

Home phone:.....

Work phone: .....

Mobile phone: .....

**Parent / Guardian Contact (2)**

Name: .....

Relationship to child.....

Home phone:.....

Work phone: .....

Mobile phone: .....

**Emergency Contact is not contactable**

Name:.....

Relationship to child.....

Home phone:.....

Work phone:.....

Mobile phone: .....

**Medical Practitioner contact**

Name: .....

Phone: .....

**This Medical Condition Risk Minimisation and Communication Plan has been developed with my knowledge and input and will be reviewed at the commencement of terms 1 & 3 of school each year or as required.**

**Next review date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian signature:.....

Name: .....

Date:.....

Nominated Supervisor/Delegate Signature:.....

Name:.....

Date:.....

Medication/Puffer Received

Consumer Information printed



Early Childhood Intervention Australia NSW /ACT  
Tel: (02) 9879 2593  
Fax: (02) 9872 8251  
Suite 607, Level 6, 83 York Street, Sydney NSW 2000

