



## Medical Condition Risk Minimisation Plan

Please complete the following in accordance with advice from medical practitioner.

<b>Child's Name</b>	
<b>Date of Birth</b>	
<b>Room</b>	
<b>Medical Condition</b>	
<b>Medication</b>	
<b>Storage Location</b>	

### Known Triggers

<b>Trigger</b>	<b>Frequency/Severity</b>

\*Treatment as per Asthma/Anaphylaxis Action Plan

### Strategies to Avoid Triggers

<b>Risk</b>	<b>Strategy</b>	<b>Person Responsible</b>

This Asthma Risk Minimisation Plan has been completed collaboratively and will be reviewed on an annual basis or when notified of a change of medical condition or triggers.

<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Director/Educator Signature:</b>	<b>Date:</b>
<b>Educator Signature:</b>	<b>Date:</b>
<b>Educator Signature:</b>	<b>Date:</b>
<b>Educator Signature:</b>	<b>Date:</b>



## Medical Condition Risk Minimisation Communication

<b>Child's Name</b>	
<b>Date of Birth</b>	
<b>Room</b>	
<b>Medical Condition</b>	
<b>Medication</b>	
<b>Storage Location</b>	

<b>Date</b>	<b>Message/Observation</b>	<b>Outcome (collaborate with family)</b>	<b>Signatures</b>