Full Name of child:		**Date of Birth:**	
Medical Condition:			
Medical Management Plan has been received from Parent/Guardian:	**Yes No**	**Location of plans at the preschool:**	
Risk Minimisation Plan completed:	**Yes No**		
Risk Minimisation Plan and Communication Plan completed in consultation with Parents:	**Yes No**	**Date:**	
Parents/Guardians have received a copy of the Medical Conditions Policy and have been provided with a 'point of contact' at the preschool to discuss the procedures and required communication for making changes to the plan:			**Yes No**
Medical Conditions Policy, Medical Management Plan and Risk Minimisation Plan discussed with Nominated Supervisor and/or Principal:			**Yes No**
Medical Conditions Policy, Medical Management Plan and Risk Minimisation Plan discussed with all Staff and volunteers:			**Yes No**
Confirmation that Risk Minimisation strategies are implemented (provide a summary);			
Medication is accessible (if applicable)	**Yes No**	**Storage location**	
Medication is stored correctly	**Yes No**	**Expiry Date:**	
Confirmation that a copy of this plan has been placed into the child's 'student record file' and in the 'medical conditions' folder	**Educator's name:** **Date:**	**Confirmation that Parents/Guardians have received a copy of their child's Risk Minimisation and Communication Plan**	**Educator's name:** **Date:**
Date of next review:	**(every 12 months or earlier if reviewed prior)**		

Communication Plan Risk Minimisation of a Medical Condition

Teacher's Signature:

Teacher's Name: **Date:**