

YMCA BRISBANE OSHC		DATE:
INDIVIDUAL MEDICAL EMERGENCY AND RISK MINIMISATION PLAN 07-616		SERVICE:
TO BE DEVELOPED IN CONSULTATION BETWEEN PARENTS/GUARDIANS AND COORDINATOR		NAME:
MEDICAL CONDITION:		<i>Insert Child's Photo</i>
DETAILS OF MEDICAL CONDITION:		
SYMPTOMS:		
WHAT ARE THE RISKS ASSOCIATED WITH THE MEDICAL CONDITION:		
HOW WILL THESE RISKS BE MINIMISED		
IF THE MEDICAL CONDITION RELATES TO A FOOD ALLERGY WHAT PRECAUTIONS WILL BE TAKEN TO ENSURE SAFE HANDLING, PREPARATION CONSUMPTION AND SERVICE OF FOOD		
ACTION PLAN:		
HAVE PARENTS BEEN NOTIFIED OF ANY KNOWN RISKS AT THE SERVICE? Y / N		
I, PARENT/GUARDIAN, HAVE PROVIDED THE SERVICE WITH ANY REQUIRED MEDICATION THAT IS PRESCRIBED BY A MEDICAL PRACTITIONER. I WILL ENSURE IT WILL BE REPLACED WHEN REQUIRED.		
PARENT/GUARDIAN NAME:		
HOME PHONE:	WORK PHONE:	
MOBILE PHONE:	DR PHONE:	