Laurimar Primary School OSHC Medical Conditions Risk Minimisation Plan

Student's Name:		
Date of birth:	Year level:	
Medical Condition:		
Known Triggers:		
Medication at school and OSHC:		
Parent/Carer contact:	Parent/carer information (1)	Parent/carer information (2)
	Name:	Name:
	Relationship:	Relationship:
	Home Phone:	Home Phone:
	Work Phone:	Work Phone:
	Mobile:	Mobile:
	Address:	Address:
Other emergency contact (if parent/carer not available):		
Medical practitioner contact:		
Emergency care to be provided at OSHC:		
Medication storage:		
The following medical conditions risk minimisation plan has been developed with my knowledge and input and will be reviewed on (record date):		
Signature of parent/carer:	Date:	
Signature of Nominated Supervisor:	Date:	

Strategies to Avoid Triggers

Risk	Strategy	Who Is Responsible?