# Kidzone Medical Condition Risk Minimisation Plan - General

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| **Child details** |
| Surname: ......................................................... Given names: ...............................................................Date of birth: ......../......../........ Age: ......................................................................................................School: .................................................................................................................................................... |

Emergency Contacts:

Name: .................................................................. Relationship to Child: ...............................................

Mobile Number: ................................................ Alternative Contact number: ……………………………….….

Name: ................................................................ Relationship to Child: ................................................

Mobile Number: ................................................ Alternative Contact number: ………………………………….

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| **Allergy or Illness details** |
| Allergy or Illness  |
| Name and description of Allergy or Illness: ..................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... ................................................................................................................................................................ Risk factors to avoid or minimise: ................................................................................................................................................................................................................................................................................................................................................................................................................................................ .................................................................................................................................................................Signs/Symptoms to watch for: .................................................................................................................................................................................................................................................................................................................................................................................................................................................... .................................................................................................................................................................Self-Care Steps: ........................................................................................................................................................................................................................................................................................................................................................................................................................................................................... ................................................................................................................................................................. Educator Strategies: ................................................................................................................................................................................................................................................................................................................................................................................................................................................................... ..................................................................................................................................................................**Kidzone Medical Action Plan Flow Chart**Monitor child for signs and symptoms↙ ↘

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| --- | --- |
| If minor symptoms present | If moderate symptoms present |
| ↓ | ↓ |
| Remove child from risk situation/factors if possible | Remove child from risk situation/factors if possible and monitor closely, employ educator strategies |
| ↓ | ↓ |
| Initiate child self-care strategies if required | Call 000 and notify parents/emergency contacts |
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| If symptoms persist then employ Educator Strategies |  |
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| If symptoms persist Call 000 and notify parents/emergency contacts |  |
| **Parental acknowledgement:** |
| I..........................................................................................................................(name of parent/guardian)agree to the above action plan for my child..................................................................... (name of child).Signature: ....................................................................................... Date: ......../......../....... |

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