# 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  ↙ ↘   |  |  | | --- | --- | | 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 | | ↓ |  | | If symptoms persist then employ Educator Strategies |  | | ↓ |  | | 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: ......../......../....... | | | | |