Communication Plan

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| --- | --- |
| Child’s Name |  |
| Group |  |
| Identified Risks |  |
| Minimisation Strategies | All educators will be made aware of child at risk of ………………………………………………….  Prior to child commencing in the program:  -A photo will be displayed of child around areas where food is served  -Medications will be clearly labelled and readily available for access by all staff  -Copies of child’s action plan will be displayed in the room  - Educators will undertake training as necessary. |
| Communication Plan | Regular checks will be done on all medication kept at the service.  Parents to advise staff of any changes to her health or action plan. |

We the undersigned agree to the above minimisation and communication plan.

We agree to notify and make amendments if circumstances change.

This plan is to be used in conjunction with the child’s Management Plan

Educator’s name: …………………………..Sign…………………………….Date………………..

Parent/Guardian:…………………………...Sign……………………………. Date………………..

Review Date…………………………………