YMCA OF BRISBANE – VICTORIA POINT

INDIVIDUAL MEDICAL MANAGEMENT & RISK MINIMISATION PLAN

TO BE DEVELOPED IN CONSULTATION BETWEEN PARENTS/GUARDIANS AND YMCA STAFF

CHILDS FULL NAME:	DATE OF BIRTH:
PROGRAM ATTENDING:	DATE:

MEDICAL CONDITION (PLEASE TICK)

☐ ASTHMA	☐ ANAPHALAXIS	☐ EPILEPSY	☐ DISABILITY
☐ ADHD	☐ AUTISM	☐ ASPERGERS	☐ LEARNING DIFFICULTIES

☐ OTHER: PLEASE SPECIFY _____

DETAILS OF MEDICAL CONDITION / LEARNING DIFFICULTY / DISABILITY

SYMPTOMS / WARNING SIGNS / TRIGGERS

RISKS ASSOCIATED WITH THE MEDICAL CONDITION & HOW TO REDUCE THESE RISKS

ACTION PLAN / EMERGENCY RESPONSE REQUIRED

ADDITIONAL INFORMATION THAT WOULD HELP OUR STAFF

EMERGENCY CONTACT NUMBERS

PARENT/GUARDIAN NAME:		
MOBILE PHONE:	HOME PHONE:	WORK PHONE:
DOCTOR OR ADDITIONAL PARENT/GUARDIAN NAME:		
PHONE:		

PLEASE BE ADVISED THIS INFORMATION IS CONFIDENTIAL AND WILL ONLY BE SHARED WITH STAFF WORKING DIRECTLY WITH YOUR CHILDREN AND THEIR SUPERVISORS IN ORDER TO BEST MANAGE YOUR CHILD'S NEEDS.