

Communication Plan

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| --- | --- | --- | --- | --- | --- |
| **Name**: | Click or tap here to enter text. | **DOB**: | Click or tap to enter a date. | **Group**: | Click or tap here to enter text. |
| Meeting with parents/guardians to develop communication plan | Choose an item. | **Date**: | Click or tap to enter a date. |
| Preferred method of communication with parents/ guardians (to communicate about any changes to the child’s diagnosis or medical management plan) | Click or tap here to enter text. |
| **All Educators (including relief staff)/volunteers/students are informed of the location of**: |
| * Medication/equipment
 | Choose an item. |
| * Medical management plans
 | Choose an item. |
| * Risk minimisation plan & Communication plan
 | Choose an item. |
| **All Educators (including relief staff)/volunteers/students are informed, inducted & familiar with**: |
| * Medical management plan and Risk Minimisation Plan
 | Choose an item. |
| * Policy & procedures for the management of the diagnosed medical condition
 | Choose an item. |
| All relief educators, volunteers & students are informed, inducted & familiar with the medical management plan and the Risk Minimisation plans as per the ‘Guidelines for Emergency Staff.’ | Choose an item. |
| **Medication Forms (e.g. when child last had medication)**: |
| * All staff are aware of Medication forms/book & location
 | Choose an item. |
| * Parent preferred home to service communication method (e.g. email/text / in person/via phone or mobile)
 | Click or tap here to enter text. |
| I have been consulted in preparing & developing this risk minimisation plan & communication plan  |
|  | **Signature** | **Name** | **Date** |
| Signature: (Parent/Guardian) |  | Click or tap here to enter text. | Click or tap to enter a date. |
| Signature: (Teacher/Educator) |  | Click or tap here to enter text. | Click or tap to enter a date. |
| Signature: (Nominated Supervisor) |  | Click or tap here to enter text. | Click or tap to enter a date. |
| The details of this risk minimisation plan and communication plan have been shared with the following educators |
| Signature: (Other Service Teacher/Educator) |  | Click or tap here to enter text. | Click or tap to enter a date. |
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| **Additional Notes**: |
| Click or tap here to enter text. |