

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. | | | | | | | | | | |