

Medical Conditions - Risk Minimisation Plan And Communication Plan

Child's Name:	Date of Birth:
1. What is the specific health care need, allergy or relevant medical condition that this assessment addresses?	
2. Risk – What are the issues and/or the actual/potential situations that could lead to a medical emergency?	
3. Strategy – What can be done to reduce these risks? What resources are needed?	
4. Who – Who needs to be included in the process? Why?	
5. Does the child need dietary modifications? (if yes, please comment in sections below)	
Unsafe Foods and Meals (if applicable):	
Safe Foods and Meals (if applicable):	
Please answer the three questions below if regular medication is being provided to the service. Medication must be in its original packaging labelled by the chemist or prescribing doctor.	
Name of Regular Medication:	Expiry Date:
Reason for Regular Medication:	
Medication Storage Instructions e.g. Location (to be refrigerated):	
Parents will be notified in writing if a child has had unauthorised medication administered in the case of an emergency e.g. Anaphylaxis reaction or as instructed by emergency medical personnel.	

