# Medical conditions risk minimisation plan

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| **Child’s name:** |  | **Date of birth:** |  |
| **What is the specific health care need, allergy or relevant medical condition that this assessment addresses?** |
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| **Does the child need dietary modifications? (If yes, please comment in sections below.)** |
| **Unsafe foods and meals (if applicable):** |
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| **Safe foods and meals (if applicable):** |
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| **What are the issues and/or the actual/potential situations that could lead to a medical emergency?** |
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| **What can be done to reduce these risks? What resources are needed?** |
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| **Who needs to be included in the process? Why?** |
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| **Educator’s signature:** |  | **Date:** |  |
| **Parent’s signature:** |  | **Date:** |  |
| All educators have been made aware of this medical conditions risk minimisation plan and understand the risk, plan to minimise the risk and how to respond if a risk has been detected. |
| **Nominated supervisor signature:** |  | **Date:** |  |