# 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?** | | | | | | | |
|  | | | | | | | |
| **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):** | | | | | | | |
|  | | | | | | | |
| **What are the issues and/or the actual/potential situations that could lead to a medical emergency?** | | | | | | | |
|  | | | | | | | |
| **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?** | | | | | | | |
|  | | | | | | | |
| **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:** |  |