



Risk Minimisation Plan

This form is to be approved by the Nominated Supervisor in consultation with the parent/guardian of the child with specific health care needs, allergies or medical conditions to ensure that risks are assessed and minimised.

Child's name: _____ Date of birth: _____

Health care needs, allergies or medical conditions	Risks or allergens	Times or situations of potential exposure	Potential reactions or risks	Likelihood or impact	Elimination or control measures

This plan was prepared by:

Parent/Guardian's name: _____ Signature: _____ Date: _____

Nominated Supervisor's name: _____ Signature: _____ Date: _____