

## Medical Conditions Risk Minimisation 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. Does the child need dietary modifications? (if yes, please comment in sections below)	
3. Risk – What are the issues and/or the actual/potential situations that could lead to a medical emergency?	
4. Strategy – What can be done to reduce these risks? What resources are needed?	
5. Who – Who needs to be included in the process? Why?	
Unsafe Foods and Meals (if applicable):	
Safe foods and meals (if applicable):	

**Educator's name and signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's name and signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

All educators have been made aware of this medical condition risk minimisation plan and understand the risk, plan to minimise the risk and how to respond if a risk has been detected.

**Nominated Supervisor name and signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_