

## Individual Risk Minimisation Plan

Risk Assessment for allergies, anaphylaxis, diabetes, epilepsy, other medical conditions and specific health care needs.

<b>Name of person completing the risk minimisation plan:</b>
Child's name:
Child's Date of birth:
<b>What are the conditions this risk minimisation addresses? E.g. foods, skin creams, environmental etc.</b>
<b>Risk: What are the issues and/or the actual/potential situations that could add to the risk of an incident occurring?</b>
<b>Strategy: What can be done about these risks? What resources do you need? What is the time frame for this to occur?</b>
<b>Who: Who needs to be included in the process? Why?</b>

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OSHC Staff Use Only</b>	<b>Date</b>
Provided copy of individual risk minimisation plan to relevant educator/s	
Medical management plan is stored in medical folder and with relevant medication	
Location of medication is specified and known to educators	
Provided copy of risk minimisation plan and medical communication agreement to parent/guardians	
Other:	