**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…………………………………….DOB………………………………

**Care session (please tick)** Before School Care After School Care Vacation Care

Parent contact details 1…………………………………Parent contact details 2…………………………………

Doctor name and contact details……………………………………………………

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| --- | --- | --- | --- | --- | --- |
| **Health care needs, allergies, or medical conditions** | **Risks or allergens** | **Times or situations of potential exposure/episodes**  | **Potential reactions or risks/what to look for**  | **Likelihood or impact** | **Elimination or control measures** |
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**Plan prepared by:**

Centre Director...................................Signature…………………………..Date………………………

**In consultation with:**

Parent/guardian………………………Signature……………………………Date……………………..