CLARENCE CHILDREN'S SERVICES

MEDICAL CONDITIONS

RISK MINIMISATION PLAN

Child's Name	
Date completed	
Child's Date of Birth	
Service attending	
Medication required	
Dr or Specialists Name	
Drs phone number	

Parent requires a meeting	Yes/No	
By Phone	Meeting/Discussion	Program Administrator

*A **risk** is anything that can cause harm. Some useful questions to ask when identifying risk include: What can happen? When, where, why and how might this occur? Who and what might be involved? Who will be affected if this happens?*

1. IDENTIFY THE RISKS

What type of Additional Needs/ Medical Condition/ Cultural Requirements does your child have?

 Parents have provided a current Allergy Action Plan/ Action plan for Anaphylaxis/ Asthma Care Plan and an Authorisation to Administer Medication at the service. ***Yes/No***

Please list the potential risks	Please list potential effect on child

2. STRATEGIES TO REDUCE OR ELIMINATE RISKS

A risk is anything that can cause harm to the child or other children/adults. Is it possible to eliminate the risk or to manage the risk so as to reduce the possibility of harm to the child? Please document strategies that consider how changing the various elements will reduce the risk i.e.; Educator training, changes to medication, Educator practises, Communication plans, Environmental changes, Group dynamics.

3. HOW THE CHILD CAN HELP REDUCE THE RISKS

Please Discuss with the child ideas of how they can help take responsibility for their well -being and risk management. *EG. IF food allergy – 1) the child agrees that they will never share anyone else's lunchbox food.*

Parents Name:_____

Parents Signature:_____Date:_____

- Parent copy
- Copy for file
- Service Copy