

## Risk minimisation plan for known medical conditions

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Medical condition: \_\_\_\_\_ Date: \_\_\_\_\_

Related authorisation and administration of medication form attached/on file

<b>Risk:</b> triggers/allergens:	<b>Situations</b> that may add to the risk:	<b>Potential reaction:</b>	<b>Strategies</b> to manage the risk:	<b>Level of risk</b> (extreme, high, medium, low)

Parent's signature:.....Date:.....