

MEDICAL RISK MINIMISATION PLAN

CHILD'S NAME:		
1.	What is the medical condition that this assessment addresses?	
2.	Does the child need dietary modifications? <i>(If yes, please comment in sections below.)</i>	
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 & Meals: (If applicable)		
Safe foods & Meals: (If applicable)		

Parents' Name: _____

Parent/Guardian's Signature: _____ **Date:** _____

All relevant staff members have been made aware of this plan and understand the risk, plan to minimise the risk and how to respond if a risk has been detected.

Director's Name: _____

Directors Signature: _____ **Date:** _____