**Medical Condition Risk Minimisation Plan**

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| --- | --- |
| **Child’s Name:** | **Child’s Date of Birth:** |

1. **What is the medical condition?**

1. **Does the child require dietary modifications?**

**[ ]  YES**

**[ ]  NO**

**If YES, unsafe foods/meals?**

**What are the issues and/or the actual/potential situations that could lead to an emergency?**

**What can be done to reduce the risks? What resources are needed?**

**Who needs to be included in the process?**

**Parent:**

**Signature:**

**Date:**

**Management Name:**

**Signature:**

**Date:**