St John Bosco BASC
& Vacation Care Centre

# Risk Minimisation Plan for Children

This plan is in addition to the Management/Action/Health plan provided and is a part of the Services Dealing with Medical Conditions policy under Regulation 90.

*** Please complete all Mandatory fields identified**

| *Parent/Guardian Name Completing Form* | *Child at Risk* | |
|---|---|---|
| Name: | Name: | DOB: |

| *Identified Medical Condition* | | | |
|---|---|---|---|
| ☐ Anaphylaxis | ☐ Asthma | ☐ Allergy | ☐ Diabetes |
| ☐ Epilepsy | ☐ Food Intolerance | ☐ Other: (give details)_____ | |

| *Potential Risks to the Child* | | |
|---|---|---|
| ☐ Environmental | ☐ Physical Risk | ☐ Known Allergens |

| *Triggers* | *Potential Reactions* | *Likelihood/Impact* (use Matrix over page) | Service strategies to Minimise Risk (OFFICE USE ONLY) |
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