#### Attachment: Medical Risk Minimisation Plan:

To be completed by the service in consultation with parents

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| 1. What is the medical condition that this assessment addresses? |
| 2. Does the child need dietary modifications? (If yes, please comment in sections below.) |
| 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): |

**Parent’s name and signature:**

**Teacher name and signature:**

**Date:**