

Medical condition Risk Minimisation An assessment Plan – including Asthma, Allergies to avoid triggers or likely hood of an incident. To be filled out by your Child's Karmai Community Children's Centre Educator.

Risk Description	Existing Controls	Rating			Treatment
<i>Describe the risk, event Situation or issue. The Causes and consequences If something occurs.</i>	<i>Describe any existing Policy or procedure, That is in place to Minimise the risk?</i>	<i>Effectiveness of the Existing Controls: Satisfactory Poor Unknown</i>	<i>Risk consequences: Major Moderate Minor Insignificant</i>	<i>Risk Likelihood: Almost certain Likely Unlikely Rare</i>	<i>For those risks requiring Treatment in addition To existing controls. List what will be done? Who is accountable? When will it happen?</i>

Karmai community Children's Centre Educator (person completing the risk minimisation Plan) _____

Signed: _____ *Date:* _____

I agree to inform the service of any changes to my child's condition throughout their time at Karmai Community Children's Service:

Parents Signature:

Print Full Name:.....

Signature:.....

Date:.....

Office Use Below

Operational Manager Notified, Date:.....

Leadership Team notified, Date:.....

Room Team Notified, Date:.....

Casual/Relief Team Notified, Date:.....