

MARIBYRNONG PRIMARY SCHOOL

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RISK MINIMISATION PLAN

NAME OF CHILD: _____ DOB: ____ / ____ / ____

MEDICAL CONDITION/ADDITIONAL NEED: _____

LIST THE POTENTIAL RISKS ASSOCIATED WITH THE HANDLING, PREPARATION AND CONSUMPTION OF FOOD	HOW CAN THESE RISKS BE MINIMISED?

HOW HAVE PARENTS/CARERS BEEN INFORMED OF THE ALLERGEN?

LIST THE POTENTIAL ENVIRONMENTAL RISKS	HOW CAN THESE RISKS BE MINIMISED?

LIST THE POTENTIAL EXPERIENCE AND PROCEDURE MODIFICATIONS (eg no eggs in craft, latex glove allergy)	HOW CAN THESE RISKS BE MINIMISED?

FORM COMPLETED IN CONSULTATION WITH:

Educator name and signature:	Parent/carer name and signature:
Date:	Time: