## Risk Management Plan

Date of assessment: Setting:

**Child’s Name: DoB:**

**Is there a Healthcare Plan? Yes / No**

**Other Relevant information**

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| **Activity Routine** | **Risk -** including risks to staff/other children | **Potential benefits -** to the child of this activity | **Views -**of child, parent, practitioner, health professionals | **Actions to be taken -*** to reduce risk
* if risk occurs
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**Date plan agreed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plan agreed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/carer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Setting staff)**

**Review date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Not more than 6 months ahead)**