Risk Assessment Form– child attending Pre-School with long/short term medical condit or after injury or illness

To be completed in all instances where a child has an ongoing health or medical condition or suffered an illness or injury.

Name of child:	**DOB:**

Details of major injury / condition and how this impairs child

Common hazards	Use the following list to identify potential hazards to child's wellbeing –comment on additional information related to child's condition or exceptional environmental conditions
Emergency situations (e.g. outbreak of fire, pre-school evacuation, accident, aggravate existing / further injury)	
Undertaking active/outside activities	
Movement around the pre-school	
Sitting position	

Play activities
Use of equipment / resources in pre-school (e.g. IT, craft tools, inks / paints, climbing frame etc)
Ability of pre-school to appropriately monitor child

Additional hazards	Record other hazards that are specific to this child's condition (i.e. need for medication / support aids)

Identify people at risk	Circle boxes - who may be impacted by child's condition	
Employees	YES	NO
Contractors / visitors	YES	NO
Other vulnerable persons	YES	NO
Pupils and other children	YES	NO

Existing overall level of risk	Consider overall current level of risk		
HIGH	MEDIUM	LOW	NEGLIGIBLE

Common control measures	Use the following list to identify controls that are required- add specific detail if necessary.
Adequate means of escape in an emergency (e.g. In accordance with evacuation plan)	
Access to available equipment during emergency (e.g. Telephone, first aid kit, extinguishers)	
Site safety inspection prior to child's presence by appropriate member of staff	
Ensure all equipment permitted to be used is safe, tested and maintained	
Identified Key Person point to be available to deal with child's needs	
Adequate heating, lighting and ventilation (to include external lighting where required)	
Provision of accessible, available and adequate amenities (e.g. toilets, wash rooms)	
Information provided to child/parent carer/employees to understand child's needs and provision arrangements	

Any additional control measures	List any other control measures that you are going to use

Remaining level of risk	Consider level of risk following use of control measures		
HIGH	MEDIUM	LOW	NEGLIGIBLE

Assessor's comments	Insert comments relevant to findings as appropriate
Signed: **Date:**	

Manager's comments	Insert comments relevant to findings as appropriate
Signed: **Date:**	

Risk assessment reviews	Set future review dates & sign on completion		
Review date	**Reviewed by**	**Reviewer signature**	**Remarks**

Parent / Carer's comments	Insert comments relevant to assessment as appropriate
Signed: **Parent/carer full name:** **Date:**	