

Risk Minimisation Plan for Bug-A-Lugs

Child's name: _____ Medical Condition _____

Plan Prepared by: _____ Bug-A-Lugs and _____ Parent) Date _____

Allergens/ Sensitivity	Times for Potential Exposure	Potential Reaction	Control Measure	Acceptable Risk

Bug-A-Lugs Staff Signature.....Date.....Parents Signature.....Date.....

Communication Plan for Bug-A-Lugs

Child's name: _____ Medical Condition _____

Plan Prepared by: _____ Bug-A-Lugs and _____ Parent) Date _____

Issue/concern/request/information	Any action required?	Actioned by?	Communicated to staff?

Bug-A-Lugs Staffs signature.....Date..... Parents Signature.....Date.....