Medical Risk assessment

Child's Name : Date of Birth :

Date completed : Full name of Person completing Risk Assessment:

What Medical diagnosis does your child have i.e. Epilepsy , Asthma, Suction /Peg, Allergy ,Diabetes?	What are the warning signs/ triggers?	what support do you need when this happens and is it self managed?	What further action is needed in order to take control of the risks?	How often does this happen, can you describe what happens?	Do you take medication for this? If yes, what medication do you take how often do you take it?	Any additional information regarding this condition