

Risk Assessment for Children with Complex Medical Needs and/or Complex Physical Needs

Child's Name:		Date of Birth:		Setting:	
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Low	Medium	High
Risk of discomfort, minor injury, or minor illness which may require light first aid and monitoring	Risk of Injury or illness requiring first aid and/or advice or treatment from a community medical professional	Risk of severe injury or severe illness which is likely to result in requiring emergency medical treatment

Your professional judgement is likely to be needed in each individual case

What are the risks?	What is the level of risk?	Any risk to others? * Yes/ No	Actions that must be taken to reduce risk or impact	Has any advice from external professionals informed this risk assessment e.g. care plans, reports etc. **		
	Please tick			No	Yes	If yes, what is the role of the professional? e.g. consultant, physio
	Training Required/ Date completed					
	<div>Low</div> <div>Medium</div> <div>High</div>					

* If there is a potential risk to others, consider whether additional risk assessment is needed in line with your policies.

** If the risk is red consider whether additional medical advice needs to be sought with consent from parents/ carers.

What are the risks?	What is the level of risk?	Any risk to others? * Yes/ No	Actions that must be taken to reduce risk or impact	Has any advice from external professionals informed this risk assessment e.g. care plans, reports etc. **		
	Please tick <div> <div>Low</div> <div>Medium</div> <div>High</div> </div>			No	Yes	If yes, what is the role of the professional? e.g. consultant, physio
				Training Required/ Date completed		
	Please tick <div> <div>Low</div> <div>Medium</div> <div>High</div> </div>			No	Yes	If yes, what is the role of the professional? e.g. consultant, physio
				Training Required/ Date completed		
	Please tick <div> <div>Low</div> <div>Medium</div> <div>High</div> </div>			No	Yes	If yes, what is the role of the professional? e.g. consultant, physio
				Training Required/ Date completed		

* If there is a potential risk to others, consider whether additional risk assessment is needed in line with your policies.

** If the risk is red consider whether additional medical advice needs to be sought with consent from parents/ carers.

Parent/Carer Signature:		Date form completed:	
Manager Signature:		Review Date:	

* If there is a potential risk to others, consider whether additional risk assessment is needed in line with your policies.
** If the risk is red consider whether additional medical advice needs to be sought with consent from parents/ carers.