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| **Purpose of Risk Assessment** |  |  |
| **Pupils Name:** | *Pupil X* | **Date:** |  |
| **School and Class:** |  |
| **Detail any Additional Support Needs of the pupil:** |  |
| **Relevant Pre-Existing Medical Conditions** |  |
| **Risk Assessment Written By:** | *Class Teacher* |
| **Other individuals involved in Risk Assessment:** | *Pupil, Education Staff, Parents, Head Teacher, Depute Head Teacher, NHS Grampian staff* |

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| **Hazard / Risk** | **Person/s Affected** | **Risk level before controls are in place** | **Control Measures** | **Risk level with controls in place** |
|  |  | **L** | **M** | **H** |  | **L** | **M** | **H** |
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**To be reviewed termly and / or as part of the Child’ Plan process or when required.**