# Med Form 6: Risk Assessment for the Administration of Medicines

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| **Purpose of Risk Assessment** |  | |  |
| **Pupils Name:** |  | **Date:** |  |
| **School and Class:** |  | | |
| **Detail any Additional Support Needs of the pupil:** |  | | |
| **Relevant Pre-Existing Medical Conditions** |  | | |
| **Risk Assessment Written By:** |  | | |
| **Other individuals involved in Risk Assessment:** |  | | |

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| **Hazard / Risk** | **Medication / Procedure / Objective** | **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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**Review termly or when required**