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

|  |  |  |
| --- | --- | --- |
| **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:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

 **Review termly or when required**