

HAZARD NO.	LIST OF HAZARDS	RISKS		CONTROL MEASURES	After hazard is adequately controlled.	
		LIKELIHOOD	SEVERITY		Likelihood	Severity
1.	Allergy	Medium	High	<ul style="list-style-type: none"> <li>Application form requires parent to provide details of any known allergy</li> <li>Services Coordinator to review all information provided and prepare suitable meal plans.</li> <li>If information provided is vague Services Coordinator or OIC to contact parent to obtain/clarify information.</li> <li>First Aider, Commies, Adjies and relevant dorm and sports team leaders to be made aware of allergy information.</li> <li>Any required medication to be provided by parent and once at camp retained by First Aider.</li> <li>First Aider to keep a record of medication provided to camper</li> <li>If requested menus to be provided to parents of campers who have allergies so that they can be reviewed prior to camp.</li> </ul>	Low	High
2.	Dietary requirements	Medium	Medium	<ul style="list-style-type: none"> <li>Application form requires parent to provide details of any known dietary requirement</li> <li>Services Coordinator to review all information provided and prepare suitable meal plans.</li> </ul>	Low	Low

				<ul style="list-style-type: none"> <li>• If information provided is vague Services Coordinator or OIC to contact parent to obtain/clarify information.</li> <li>• First Aider, Commies, Adjies and relevant dorm and sports team leaders to be made aware of dietary requirement information.</li> <li>• Any required medication to be provided by parent and once at camp retained by First Aider.</li> <li>• First Aider to keep a record of medication provided to camper.</li> <li>• Menus to be provided to parents of campers who have dietary requirements so that they can be reviewed prior to camp if required.</li> </ul>		
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**This risk assessment is a WORKING DOCUMENT and is updated if additional hazards are identified and when control measures are modified or changed in light of experience. This document is live on the CYC Website.**

Risk Assessment completed by:

Signatures: ..... Leader      Date: .....  
 .....

Date/Time Risk Assessment was shared with Leaders: .....

Date/Time Risk Assessment was shared with Campers: .....

Date for next review: (for regular activities this should be a maximum of 1 year from the above date): .....