

04 Health procedures

04.2a Health care plan

Please note that this form must be used alongside the individual child's registration form which contains emergency parental contact and other personal details.

| | |
|--|--|
| Name of Child | |
| Date of Birth | |
| Child's address | |
| Contact information for family or main carers | |
| 1.Name | |
| Relationship to child | |
| Contact numbers | |
| 2. Name | |
| Relationship to child | |
| Contact numbers | |
| Medical diagnosis, condition or allergy | |
| | |
| Clinic or Hospital contact | |
| Name | |
| Phone no. | |
| GP/Doctor | |
| Name | |
| Phone No. | |

Describe medical needs and give details of symptoms

Risk assessment completed?

If no, please state why?

If yes please include details here

Date completed:

Daily care requirements e.g. before meals/going outdoors

Describe what constitutes an emergency for the child and what actions are to be taken if this occurs

Name/s of staff responsible for an emergency situation with this child

Parent/carer and person completing this form must sign below to indicate that the information in this plan is accurate and the parent/carer agrees for any relevant procedures to be carried out

| | | |
|------------------------|-----------|------|
| Parent's name | Signature | Date |
| Key person's name | Signature | Date |
| Setting Manager's name | Signature | Date |

For children requiring lifesaving or invasive medication and/or care, for example, rectal diazepam, adrenaline injectors, Epipens, Anapens, JextPens, maintaining breathing apparatus, changing colostomy or feeding tubes, approval must be received from the child's GP/consultant, as follows:

I have read the information in this Individual Health Plan and have found it to be accurate.

| | | | |
|------------------------|--|-------|--|
| Name of GP/consultant: | | Date: | |
| Signature: | | | |

Review completed (at least every six months)

| | | |
|------------------------|-----------|------|
| Parent's name | Signature | Date |
| Key person's name | Signature | Date |
| Setting manager's name | Signature | Date |

Copies circulated to:

Parents

Child's personal records (with registration form)

GP/Consultant – if required

