04 Health policy
04.2a Health care plan

Please note that this form must be used alongside the individual child's registration form which contains emergency parent/carer 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/carer 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/carer name	Signature	Date
Key person's name	Signature	Date
Setting manager's name	Signature	Date

Copies circulated to:
Parents/carers
Child's personal records (with registration form)
GP/Consultant – if required