



## Health procedures

### 11.1 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.*

<b>Name of Child</b>	
<b>Date of Birth</b>	
<b>Child's address</b>	
<b>Contact information for family or main carers</b>	
<b>1.Name</b>	
<b>Relationship to child</b>	
<b>Contact numbers</b>	
<b>2. Name</b>	
<b>Relationship to child</b>	
<b>Contact numbers</b>	
<b>Medical diagnosis, condition or allergy</b>	
<b>Clinic or Hospital contact</b>	
<b>Name</b>	

Phone no.	
<b>GP/Doctor</b>	
Name	
Phone No.	

<b>Describe medical needs and give details of symptoms</b>
<b>Risk assessment completed?</b> <b>If no, please state why?</b>  <b>If yes please include details here</b>  <b>Date completed:</b>
<b>Daily care requirements e.g. before meals/going outdoors</b>
<b>Describe what constitutes an emergency for the child and what actions are to be taken if this occurs</b>

**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