

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

**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