

## 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.*

|  |  |
|--|--|
| <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>       |  |
| <br><br><br><br><br><br><br><br><br><br>             |  |
| <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'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