



## Child Health Care Plan

This management plan must be completed together with the parent/guardian and medical practitioner. One copy should be kept in the child's personal file and another with their medication in their room and on the inside and outside registers.

Attach Photo here

**Name**

**Date of birth**

**Medical need/allergy**

**Date when setting insurance company notified**

***When and if implemented a record must be kept in the child's personal file of any first aid or administration of medication.***

**Emergency First Contact**

**Name of Parent/Guardian**

**Address**

**Home Phone**

**Work Phone**

**Emergency Second Contact**

**Name of Parent/Guardian**

**Address**

**Home Phone**

**Work Phone**

**Emergency Third Contact**

**Name of Parent/Guardian**

**Address**

**Home Phone**

**Work Phone**

**GP Contact Details**

**Name**

**Address**

**Phone Number**

**Medical Specialist Details**

**Name**

**Address**

**Phone Number**

**Signs and symptoms of allergy or medical need:**

**Care Plan:**

(To include details of procedures, medication and emergency procedures after consultation with parents/guardians and medical practitioners. Include a list of prescribed medication).

**Emergency Action Plan:**

**Key staff who have under gone training:**

**Name**

**Date trained**

**Name**

**Date trained**

**Name**

**Date trained**

**Name**

**Date trained**

**Parent/Guardian consent:**

**I hereby give consent for the trained staff to administer medication and or first aid.**

**I hereby give consent for staff to seek help from accident & emergency services and or a medical practitioner.**

**Signed**

**Date**

**Print name**

**Signed**

**Date**

**Print name**