

Health care plan for St Edmund Campion Catholic Nursery.

Name of child _____ Child's date of birth _____

Address of child _____

Medical condition or illness _____

Date _____ Review date _____

Family contact details

Name _____ Relationship to child _____

Daytime phone no. _____ Mobile _____

Name _____ Relationship to child _____

Daytime phone no. _____ Mobile _____

Medical details

Name of Hospital _____ Name of Clinic/Department _____

Name of Consultant _____ Daytime phone no. _____

Name of GP _____ Daytime phone no. _____

Describe medical needs and child's symptoms _____

Daily care requirements

Describe what constitutes an emergency and action to be taken

Follow up care

If required, has a risk assessment been completed? (e.g. child with allergy, risk assess likelihood of exposure and control measures etc.) Yes / No

Name of person responsible in an emergency

Form copied to

Parent's name

Signature

Date

Key person's name

Signature

Date

Manager's name

Signature

Date

Review date

A copy of this form must be given to the parent. The setting will keep the original in the child's personal file.