

04.2a Health care plan

Individual Health Care Plan.

This form must be used alongside the individual child's registration form which contains emergency parental contact and other personal detail.

Child's full name:	
Date of birth:	
Address:	
Allergies:	
Medical condition/diagnosis:	
Daily care requirement:	
Date risk assessment completed:	
Name of child's main carer:	Relationship:
Name of child's main carer:	Relationship:
Parent/Carer Signature:	
Date:	
Managers Signature:	
Date:	

