Healthcare plan for a child with medical needs

Name

Date of birth

Condition

Date

Name of setting

Review date

Contact information

Family contact 1
Name
Phone no
(work)
(home)
(mobile)

Family contact 2
Name
Phone no
(work)
(home)
(mobile)

Parent or legal guardian with parental responsibility

Clinic/Hospital contact

GP

Name
Phone no

Describe condition and give details of child’s individual symptoms:

Health care plan adapted from: ‘Managing Medicines in schools and early years settings’ (DCSF/DH, 2005).
NHS Richmond Services for Children, 2010 _V1. Review Date: January 2012.
Daily care requirements: (for example, before sport or at lunchtime)

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Describe what constitutes an emergency for the child, and the action to take if this occurs:

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Follow up care:

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Who is responsible in an emergency: (State if different for off-site activities)

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Form copied to:

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Signature of parent or legal guardian with parental responsibility:

____________________________________________________________________________________

Print name: ___________________________ Date: ___________________________