



**HEALTH CARE PLAN FOR CHILDREN  
WITH MEDICAL NEEDS**

<b>Name:</b>			
<b>Date of Birth:</b>			
<b>Medical diagnosis or condition</b>			
<b>Date to be reviewed</b>			
<b>FAMILY CONTACT INFORMATION</b>			
<b>Contact 1</b>		<b>Contact 2</b>	
Name:		Name:	
Daytime Phone:		Daytime Phone:	
Home Phone:		Home Phone:	
Mobile Phone:		Mobile Phone:	
Email address:		Email Address:	
Relationship:		Relationship:	
<b>Clinic/Hospital contact:</b>		<b>GP:</b>	
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
<b>Describe medical needs/condition and give details of child's individual symptoms:</b>			

**Describe daily care requirements (e.g. before / at lunchtime. As and when required)**

--	--

<b>Dosage to been given.</b>	
------------------------------	--

<b>Describe what constitutes an emergency for the child and the action to take if this occurs:</b>	
--	--

<b>Follow up care:</b>	
------------------------	--

<b>Any other information?</b>
-------------------------------

<b>I give my permission for Pre-School staff to administer the above medication as instructed.</b>
<b>Signed..... Print name.....</b>
<b>Date.....</b>

<b>Staff member who actioned this plan.</b>
<b>Signed..... Print name.....</b>
<b>Date.....</b>