

04 Health procedures

04.02a Health care plan

Health Care Plan

Childs Name:

DOB:

Medical Condition:

Symptoms of the condition:

Medical Team Involved:

Hospital involved:

Current Medication (name, amount and frequency given):

Contact number (s) for parent/carer who are to be informed in the event of an emergency at pre-school. If emergency services are required they would be contacted first:

Medical/First Aid action to be taken in the event of an emergency occurring whilst in pre-school care:

Any other relevant information to be entered onto the care plan:

Signed:

Date: