06.8aCare plan for looked after children

This form must be used alongside the individual child's registration form which contains further details.

Name of child		Date of birth:			
Child's address					
Contact information for main carers					
1. Name					
Relationship to child					
Phone numbers					
2. Name					
Relationship to child					
Phone numbers					
Any additional healthca	re needs (give details and complete 0)4.2a Health care	plan, if required)		
Social Care/Social Worker					
Name					
Phone no.					
GP/Doctor					
Name					
Phone No.					
Details of professionals meeting convened at start of placement (include date of meeting, names of					
agencies/professionals attending and any special considerations for the child)					

Risk assessment required	Yes or	No					
If yes, include details here, including date completed:							
Daily care requirements							
Describe what constitutes an emergency for the child and what actions are to be taken if this occurs							
Name(s) of staff responsi	le for an emergency situation with	this child					
The child's carer and key p	erson must sign below to indicate the	hat the information in this	s plan is				
accurate and the carer agrees for any relevant procedures to be followed.							
Carer's name	Signature	Date	9				
Key person's name	Signature	Date	9				
Manager's name	Signature	Date	9				
Review completed (at 2 weeks, 6 weeks, 3 months onwards)							
Carer's name	Signature	Date	9				
Key person's name	Signature	Date	9				
Manager's name	Signature	Date	9				
Copies circulated to:	1	ı					

Carers

Other agencies/professionals Updated September 2023

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Child's personal records (with registration form)