

## Hyde Heath Pre-school

Have fun and learn!

Registered Charity Number 1020591 Hyde Heath Infant School, Weedon Hill, Hyde Heath, Amersham, Bucks, HP6 5RW Tel: 01494 782845

## Health procedures 04

## 04.2a Health care plan

Please note that this form must be used alongside the individual child's registration form which contains emergency parental contact and other personal details.

Name of Child				
Date of Birth				
Child's address				
Contact information for family or main carers				
1.Name				
Relationship to child				
Contact numbers				
2. Name				
Relationship to child				
Contact numbers				
Medical diagnosis, condition or allergy				
Clinic or Hospital contact				
Name				
Phone no.				
GP/Doctor				

Name					
Phone No.					
Describe medical needs and give details of symptoms					
Risk assessment completed?					
If no, please state why?					
If you place include details have					
If yes please include details here					
Date completed:					
Daily care requirements e.g. before meals/going outdoors					
	r the child and what actions are to be taken if this				
occurs					
Name/s of staff responsible for an emergen	cy situation with this child				

Parent/carer and person this plan is accurate and	_		_			
Parent's name		Signature		Date		
Key person's name		Signature		Date		
Setting Manager's name		Signature			Date	
feeding tubes, approval multiple of GP/consultant:	ıst be red	ceived from the child's	GP/consultan	t, as fo		
Signature:						
Review completed (at lea	st every	six months)				
Parent's name		Signature		Date		
Key person's name		Signature		Date		
Setting manager's name	etting manager's name		Signature		Date	
Copies circulated to:				<u> </u>		
Parents						
Child's personal records (w	ith regist	tration form)				
GP/Consultant – if required	i					