6.8 Individual Health Plan

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

Date completed:	Review date:



Child's details:			
Full name:	Date of birth:		
Address:			
Allergies:			
Medical condition/d	iagnosis		
Medical needs and	symptoms:		
Daily care requirem	nents:		
Medication details	(inc. expiry date/disposal)		
Storage of medication:			
Procedure for adm	Procedure for administering medication: Names of staff trained to carry out health plan procedures and administer medication:		
Names of staff train			
Other information:			
Date risk assessme	ent completed:		
Risk assessment d	etails:		
	stitutes an emergency for the child, what procedures will be taken if this occurs and the consible for an emergency situation with the child:		
Child's main care	r(s)		
1. Name:	Relationship to child:		
Contact number(s)	:		
2. Name:	Relationship to child:		
Contact number(s)			

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General Practitioner's details:	
Name:	Contact number:
Address:	
Clinic of Hospital details (if app):	
Name:	Contact number:
Address:	
Declaration	
I have read the information in this heal procedures to be carried out:	th plan and have found it to be accurate. I agree for the recorded
Name of parent:	Date:
Signature:	
Name of key person:	Date:
Signature:	
Name of manager:	Date:
Signature:	
Date:	
	asive medication and/or care, for example, rectal diazepam, adrenaline
injectors, Epipens, Anapens, JextPens tubes, you must receive approval from	the child's GP/consultant, as follows:
injectors, Epipens, Anapens, JextPens tubes, you must receive approval from	s, maintaining breathing apparatus, changing colostomy or feeding
injectors, Epipens, Anapens, JextPens tubes, you must receive approval from I have read the information in this Indiv	the child's GP/consultant, as follows:

To be reviewed at least every six months, or as and when needed.

Copied to parents and child's personal file (with registration form)

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