

Jack and Jill Nursery Health care plan

Child's details:

1. Full name.....
2. Address.....
3. Date of birth.....
4. Condition and symptoms
5. nature of any allergic reactions

Contact details:

1. Name of parent.....
2. Telephone number.....
3. Second contact name and number.....

Details of child's GP

1. Name of G.P.....
2. Telephone number.....

Medication:

1. Name(s) of medication.....
2. Details.....
3. Storage.....

Precautionary measures

- 1.
- 2.
- 3.

Emergency procedure

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Consent and agreement signed by parent

I agree to the staff taking responsibility and administering medication in the event of a reaction-taking place.

Name.....Date.....

Signature.....

Six Month review: Pls note below any changes to this health care plan, if necessary complete a new form

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Parent signature.....Date.....

FOR NURSERY USE -

1. Names of first aid staff and volunteers.....
 2. Names of staff who are aware of all procedures.....
 3. Six month Review date diarised Y/N Date of review.....
 4. Allergies/inhalers put on list for staff
- Formed checked by..... Date.....