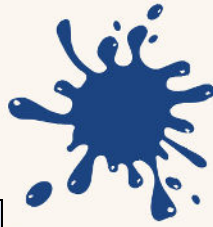


# JUNIOR'S DAY NURSERY INDIVIDUAL HEALTHCARE PLAN



CHILDS DETAILS	
NAME:  D.O.B  KEY PERSON:	INSERT PHOTOGRAPH
OTHER PROFESSIONALS SUPPORTING THE CHILD: <i>(GP, consultant, clinic)</i>	
NAME:	CONTACT NO:
NAME / TYPE OF MEDICATION:	EXPIRY DATE:
DOSAGE:	
WHERE WILL THIS BE STORED?	
WHO WILL ADMINISTER THE MEDICATION? <i>(child under supervision / key person)</i>	
MEDICAL DIAGNOSIS OR CONDITION <i>(as confirmed by healthcare professional)</i>	
SYMPTOMS: <i>(what to look for)</i>	

<p>STRATEGIES REQUIRED TO MEET THE CHILD'S ADDITIONAL NEED.</p> <p><i>(Daily care requirements, special precautions, e.g. evacuation procedures).</i></p>	
<p>WHAT CONSTITUTES AN EMERGENCY FOR YOUR CHILD?</p>	
<p>WHAT ACTION SHOULD BE TAKEN IF THIS OCCURS?</p>	
<p>IN THE EVENT OF INTERVENTION BY THE EMERGENCY SERVICES WHO WILL ACCOMPANY/SUPPORT THE CHILD UNTIL THE PARENT/CARER ARRIVES?</p>	
<p><b>WHO TO CONTACT IN AN EMERGENCY SITUATION:</b></p>	
NAME:	RELATIONSHIP:
EMERGENCY CONTACT NO:	MOBILE:
NAME:	RELATIONSHIP:
EMERGENCY CONTACT NO:	MOBILE:
NAME:	RELATIONSHIP:
EMERGENCY CONTACT NO:	MOBILE:
NAME:	RELATIONSHIP:
EMERGENCY CONTACT NO:	MOBILE:

In conjunction with the setting policy and procedure regarding the administering of medication reflecting the statutory requirements within the EYFS 2017, we, the undersigned consent to this agreement:

<b>PARENT:</b>	<b>KEY PERSON:</b>
SIGNATURE:	SIGNATURE:
PRINT NAME:	PRINT NAME:

Monitored and reviewed with the parent.

COMMENTS:

DATE:

NEXT REVIEW DATE:

Adapted from Managing Medicines in Schools and Early Years settings. Dept of Education and Skills/ Dept of Health, (2005).