



CENTRAL@RLK

POLICIES AND PROCEDURES

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:
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Child's details:	
Full name:	Date of birth:
Address (including postcode)	
Allergies:	
Medical condition/diagnosis:	
Medical needs and symptoms:	
Daily care requirements:	
Medication details (inc. expiry date/disposal):	



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Storage of medication:	
Procedure for administering medication:	
Names of trained staff to carry out health plan procedure and administer medication:	
Other information:	
Date risk assessment completed:	
Risk assessment details:	
Describe what constitutes and emergency for the child, what procedures will be taken if this occurs and the names of staff responsible for an emergency situation with the child:	



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Child main carer(s)	
Name:	
Relationship to child:	
Contact number(s):	
Name:	
Relationship to child:	
Contact number(s):	

General Practitioner's details:	
Name:	
Contact number:	
Address:	

Clinic of Hospital details:	
Name:	
Contact number:	
Address:	

Declaration

I have read the information in this health plan and have found it to be accurate. I agree for the recorded procedures to be carried out:

Name of parent:	
Date:	
Signature:	

Name of key person:	
Date:	
Signature:	

Name of manager:	
Date:	
Signature:	



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For children requiring life-saving or invasive medication and/or care, for example, rectal diazepam, adrenaline injectors, Epipens, Anapens, JextPens, maintaining breathing apparatus, changing colostomy or feeding tubes, you must receive approval from the child's GP/consultant, as follows:

I have read the information in this Individual Health Plan and have found it to be accurate.

Name of GP/consultant:	
Date:	
Signature:	

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

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

This policy was adopted at a meeting of	Central@RLK
Held on	27th July 2015
Date to be reviewed	July 2016
Signed on behalf of the management committee	
Name of signatory	Rebecca Davies
Role of signatory (e.g. chair/owner)	Chairperson