

**Newstead Road Pre-School  
Health care plan**

Name of child: \_\_\_\_\_ Child's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address of child: \_\_\_\_\_

Medical condition or illness: \_\_\_\_\_

Date form was completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Review date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Family contact details**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

**Medical details**

Name of hospital: \_\_\_\_\_ Name of clinic/department: \_\_\_\_\_

Name of Consultant: \_\_\_\_\_ Daytime telephone number: \_\_\_\_\_

Name of GP: \_\_\_\_\_ Daytime telephone number: \_\_\_\_\_

Describe medical needs and child's symptoms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daily care requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what constitutes an emergency and the action to be taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow-up care: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person responsible in an emergency: \_\_\_\_\_

Form copied to: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Key person's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Manager's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Review Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

A copy of this form must be given to the parent or carer. The pre-school will keep the original in the child's personal file.