

HEALTH CARE PLAN

Name of setting	Abacus Nursery School
Child's name	
Date of Birth	
Child's address	
Medical diagnosis or condition	
I have been provided with a copy of the nursery Medication Policy	YES / NO
Today's Date	
Review date (for staff)	

FAMILY CONTACT INFORMATION

Name and relationship	
Phone work	
home	
mobile	
Name and relationship	
Phone work	
home	
mobile	

Consultant/Hospital Contact

Name	
Phone no.	

General Practitioner

Name	
Phone No.	

Has an Allergy Action Plan been Provided?	YES / NO
Provided by and date :	

Using the information given on the Allergy Advice Plan describe symptoms we should look for and subsequent action(s) to be taken

<u>SYMPTOMS</u>	<u>ACTIONS</u>

Is there any other information we should be aware off?

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I understand that the information I have provided is in line with that of my child's medical professionals. This information will be used by Abacus Nursery School to drawn up an Emergency Medical Procedure specifically for my child. I will be given a copy of this procedure to agree, sign and date once it has been drawn up.

Parent's name :

Parent's signature :

date :

April 2017

