



EXAMPLE OF A HEALTH CARE PLAN

Child's details:

1. Full name.....
2. Address.....
3. Date of birth.....
4. Allergy.....

Contact details:

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

Details of child's GP

1. Name.....
2. Telephone number.....

Medication:

1. Name(s) of medication.....
2. Expiry details.....
3. Storage.....

Training

1. Names of staff volunteers.....
2. Date of last training of staff.....
3. Names of staff who are aware of all procedures.....

Precautionary measures

- 1.
- 2.
- 3.

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.....

Signature.....