Gotham Pre-School Playgroup

06.8aCare plan for looked after children

This form must be used alongside the individual child's registration form which contains further details.

Name of child		Date of birth:		
Child's address				
Contact information for main carers				
1. Name				
Relationship to child				
Phone numbers				
2. Name				
Relationship to child				
Phone numbers				
Any additional healthcare needs (give details and complete 04.2a Health care plan form, if required)				
Social Care/Social Worker				
Name				
Phone no.				
GP/Doctor				
Name				
Phone No.				
Details of professionals meeting convened at start of placement (include date of meeting, names of				
agencies/professionals attending and any special considerations for the child)				

Risk assessment required?						
If yes, include details here, including date completed:						
Daily care requirements e.g. before meals/going outdoors						
Describe what constitutes an emergency for the child and what actions are to be taken if this occurs						
Name(s) of staff responsible for an emergency situation with this child						
The child's carer and key person must sign below to indicate that the information in this plan is accurate and the carer agrees for any relevant procedures to be followed.						
Signatu	re	Date				
Signatu	re	Date				
Signatu	re	Date				
Review completed (at 2 weeks, 6 weeks, 3 months onwards)						
Signatu	re	Date				
Signatu	re	Date				
Signatu	re	Date				
	ble for an emergency for the child and sees for any relevant procedure Signatu	e.g. before meals/going outdoors s an emergency for the child and what actions are to ble for an emergency situation with this child person must sign below to indicate that the information and relevant procedures to be followed. Signature Signature Signature	including date completed: e.g. before meals/going outdoors s an emergency for the child and what actions are to be taken if this ble for an emergency situation with this child person must sign below to indicate that the information in this planees for any relevant procedures to be followed. Signature Signature Date Signature Date Date Signature Date Signature Date Signature Date Signature Date Date Date Date Date			

Copies circulated to:

Carers

Other agencies/professionals

Child's personal records (with registration form)