



Mousehole Community Childcare Association (M.C.C.A.)
Registered Charity no: 1089724
c/o Mousehole CP School
Foxes Lane
Mousehole
TR19 6QQ

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:

Child's details:

Full name:

Date of birth:

Address:

Allergies:

Medical condition/diagnosis

Medical needs and symptoms:

Daily care requirements:

Medication details (inc. expiry date/disposal)

Storage of medication:

Procedure for administering medication:

Names of staff trained to carry out health plan procedures and administer medication:

Other information:

Date risk assessment completed:

Risk assessment details:

Describe what constitutes an 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:

Child's main carer(s)

1. Name:

Relationship to
child:

Contact
number(s):

2. Name:

Relationship to
child:

Contact
number(s):

General Practitioner's details:

Name:

Contact number:

Address:

Clinic of Hospital details (if app):

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:

Date:

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 _____ Date: _____
GP/consultant: _____
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)

Signed Kerry Kemp (Manager) Date
[Review date May 2019]