



# Health care Plan for Children with Medical Needs

e.g. Asthma, Allergies

## Child's details:

Full name.....

Address..... Date of birth.....

Allergy.....

## Contact details:

Name of parent..... Tel number.....

Second contact name and number.....

## Details of child's GP

Name.....

Telephone number.....

Address.....

## Medication

Name(s) of medication..... Expiry details.....

Storage..... Dosage.....

## Training

Names of staff volunteers.....

Date of last training of staff.....

Names of staff who are aware of all procedures.....

## Precautionary measures:

1.

2.

3.

## Consent and agreement signed by parent/carer

I agree to the staff taking responsibility and administering medication in the event of a reaction taking place.

Name.....

Signature.....

Date.....

Completed: 04/09/17

To be reviewed: 04/09/18