

06.8a Care 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.				
	s meeting convened at start of place	e ment (include da	te of meeting, names of	
Details of professionals	s meeting convened at start of place		te of meeting, names of	
Details of professionals			te of meeting, names of	

Risk assessment required?		Yes or No		
If yes, include details here, including date completed:				
Daily care requirements e.g. before meals/going outdoors				
Describe what constitutes an emerge	ency for the child and what action	ns are to be taken if this		
occurs				
Name(s) of staff responsible for an e	mergency situation with this chil	d		
The child's carer and key person mus	t sign below to indicate that the	information in this plan is		
accurate and the carer agrees for any	relevant procedures to be follow	red.		
Carer's name	Signature	Date		
Key person's name	Signature	Date		
Setting manager's name	Signature	Date		
Review completed (at 2 weeks, 6 week	s, 3 months onwards)			
Carer's name	Signature	Date		
Key person's name	Signature	Date		
Setting manager's name	Signature	Date		
Copies circulated to:	<u> </u>			
Carers				
Other agencies/professionals				

Child's personal records (with registration form)