



Poulton St Chad's Nursery



Health Care Plan

Name of Child	
Date of Birth	
Medical Diagnosis	
Clinic Hospital Contact (including name and telephone number)	
Doctors Contact (including name and number)	
Describe Medical Needs and give details of child's symptoms	
Daily Care Requirements	



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Describe what constitutes and emergency for that child and the necessary action to be taken	
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Please note if using medication a Long Term Medication for will need to be completed.

Date Agreed for Review:

Name of Manager

Signature of Manager

Date Completed

Name of Parent / Carer

Sig of Parent / Carer

Date signed