



9c.3 Individual Medical Care Plan

Child's name:		Date of Birth:	
Name(s) of those with parental responsibility:		Mother:	Father:
Emergency Contact Details:	1 <sup>st</sup> Contact Name:	2 <sup>nd</sup> Contact Name:	
	Tel No:	Tel No:	
Does the child have a care plan issued by any other agencies: Yes <input type="checkbox"/> No <input type="checkbox"/>			
If so, has a copy been provided for the nursery and attached to this Care Plan: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Does the child have a care plan issued by any other agencies: Yes <input type="checkbox"/> No <input type="checkbox"/>			
If so a copy must be provided and referred to in this plan			
Please provide the details of any outside agencies that are working with your child:			
	Contact Name	Telephone Number	
Doctor			
Health visitor			
Physiotherapist			
Speech & Language			
Therapist			
Asthma Nurse			
Other, Please specify			
Please give details of the child's medical needs:			



The Signs and Symptoms to be aware of:

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....

Please specify agreed strategies/prevention between Parent and Provider:

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Please specify agreed procedure to be followed between Parent and Provider: e.g. Details of the treatment to be given, when medication is to be given. (Medication must be in original package with child's name and dosage stated clearly.) What is the usual reaction to medication? Can a second dose be given? If so when? Action required if condition continues.

1. ....  
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2. ....  
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3. ....  
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4. ....  
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Who can administer the medication/treatment?

Is there any specific training needed to safely provide this medication/treatment?

If so has this training been provided, if not what is the action plan?

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<i>The information on this Care Plan has been agreed with:&gt;</i>			
<i>Parent/carer (name):</i>		<i>FDNM Management (name):</i>	
<i>Signed:</i>		<i>Signed:</i>	
<i>Date:</i>		<i>Date:</i>	
<i>Planned Review Date of Individual Care Plan:</i>			
<i>FDNM Staff</i>  <i>I confirm I have read and understood this care plan, I feel confident and capable in implementing this plan</i>	<i>Name:</i>	<i>Signed:</i>	<i>Date:</i>