

## 06.8aCare 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.					
Details of professionals meeting convened at start of placement (include date of meeting, names of					

agencies/professionals attending and any special considerations for the child)							
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 emergency for the child and what actions are to be taken if this occurs							
-							
Name(s) of staff responsible for an emergency situation with this child							
Name(s) of staff responsible for all emergency situation with this clinic							
The child's carer and key person must sign below to indicate that the information in this plan is accurate and the carer agrees for any relevant procedures to be followed.							
Carer's name		Signature		Date			
Key person's name		Signature		Date			
Setting manager's name		Signature		Date			
Review completed (at 2 weeks, 6 weeks, 3 months onwards)							
Carer's name		Signature		Date			
Key person's name		Signature		Date			
Setting manager's name		Signature		Date			

Copies circulated to:

## Carers

Other agencies/professionals

Child's personal records (with registration form)