



Name of school	Toast and Tea Breakfast and After School Club
Child's name	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

### Family Contact Information

Name	
Relationship to Child	
Work phone no	
Home Phone no	
Mobile Phone no	
Name	
Relationship to child	
Work phone no	
Home Phone no	
Mobile Phone no	

### Clinic/Hospital Contact

Name	
Phone Number	

### GP

Name	
Phone Number	
Who is responsible for providing support in nursery	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Action to take:

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

I agree with this care-plan and am happy for it to be shared with the appropriate staff.

Signed.....Parent/Carer

Date .....