**St Michael’s Pre-school - 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. |  |
| 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 |
|  |

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)