

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,	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 belo	w to indicate t	hat the information	n in this p	olan is			
accurate and the carer ag	rees for any relevant pr	rocedures to b	e followed.					
Carer's name		Signature		Date				
Key person's name		Signature		Date				
Setting manager's name		Signature		Date				
Review completed (at 2 wo	eeks, 6 weeks, 3 month	s onwards)	1	-				
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)