

## 06.8a 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 emerg	ency for the child and what action	is 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 mu	st sign below to indicate that the i	nformation in this plan is			
accurate and the carer agrees for any	relevant procedures to be follow	ed.			
Carer's name	Signature	Date			
Key person's name	Signature	Date			
Setting manager's name	Signature	Date			
Review completed (at 2 weeks, 6 wee	ks, 3 months onwards)				
Carer's name	Signature	Date			
Key person's name	Signature	Date			
Setting manager's name	Signature	Date			
Copies circulated to:	I				
Carers					
Other agencies/professionals					

Child's personal records (with registration form)