

Health Care Plan

This form must be completed fully by the parent/guardian in advance of the child attending the setting.

Child's name:	Attach photo of child here
Child's date of birth:	

To be completed by all

Please provide contact details for use in an emergency	
1 st Contact name:	1 st Contact number:
2 nd Contact name:	2 nd Contact number:

If the child has an allergy please complete section A for all other medical conditions please complete section B

Section A

Allergic to:			
Signs of an allergic reaction (please tick that apply)			
Facial swelling		Itchy tongue	
Choking		Headache	
Laboured breathing		Wheezing	
Rash/hives		Unconsciousness	
Vomitting		Other please state	
In case of an allergic reaction the following medication is to be administered			
Name of medication:	Dosage:		
A Permission to Administer Medication form must be fully completed and all required medications in club at all times. Child will not be admitted to club without these.			
Please give details of any other treatment/action required:			

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Section B

Medical condition:	
Signs and symptoms of medical condition needing attention (please state):	
In case of an episode the following medication is to be administered	
Name of medication:	Dosage:
A Permission to Administer Medication form must be fully completed and all required medications in club at all times. Child will not be admitted to club without these.	
Please give details of any other treatment/action required:	

I agree that appropriately trained staff will take responsibility for my child and administer the required medication as stated above in the event of an emergency episode occurring. I give permission for emergency advice to be sought and treatment given as is required.

Parent/guardian name:	Parent/guardian signature:
Date:	

It is the responsibility of the parent/guardian to inform the club of any changes, at which point a new form must be completed.

Setting Manager checks:

Setting Manager name:	Required Permission to Administer Medication form fully completed:
Required medications are in club:	
Setting Managers signature:	Date:

Periodic review by Club Manager and parents (to be completed at the start of each new term or holiday period):

Date of review	Any changes	Parents signature	Setting Managers Intals



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Energy Kidz is a leading provider of out of school childcare with Breakfast, After School and Holiday Clubs for primary aged children. Energy Kidz is part of Junior Adventures Group.