

## Additional Needs Care Plan

This form must be complete	ed fully by the pare	ent/guardian in advance of the child a	ttending the setting.
Child's name:	Attach phot	to of child here	
Child's date of birth:			
To be completed by all			
Please provide contact deta	ills for use in an er	mergency	
1 <sup>st</sup> Contact name:		1 <sup>st</sup> Contact number:	
2 <sup>nd</sup> Contact name:		2 <sup>nd</sup> Contact number:	
Please give details of your childs individual needs & requirements  Please give information of any identified triggers			
Please give information on any effective strategies used to support your child  Please give details on how we can best			
support your child including health & sfaety considerations Are you aware of any			
specialist training which			

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Breakfast, After School & Holiday Clubs						
the team would be benefit from to understand your childs needs?						
In case of an episode the follow	ring medication is to be administered					
Name of medication:	Dosage:					
	form must be fully completed and all required will not be admitted to club without these.					
Please give details of any other treatment/	action required:					
I agree that the information provided is accu	rate and agree appropriately trained staff will take					
	e required medication as stated above in the event of an					
emergency episode occuring. I give permissi is required.	on for emergency advice to be sought and treatment given as					
Parent/guardian name:	Parent/guardian signature:					
Date:						
	n to inform the club of any changes, at which point a new form nust be completed.					
Cattina Maria and all calls						
Setting Manager checks:  Setting Manager name:	Required Permission to Administer					
Security Mariager Harrie.	Medication form fully completed if					
	required:					
Descriped prodications are in alub.						
Required medications are in club:  Setting Managers signature:	Date:					

Periodic review by Setting 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
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