

06.8aCare 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 r	eeting convened at start of placeme	ent (include date of meeting, names
agencies/professionals atte	nding and any special considerations f	or the child)
Risk assessment required	Yes or No	
If yes, include details here,	ncluding date completed:	
Daily care requirements 6	g. before meals/going outdoors	
Describe what constitutes	an emergency for the child and wh	at actions are to be taken if this
occurs	an omorgonoy for the omit and wil	
Name(s) of staff responsi	ole for an emergency situation with	this child
	erson must sign below to indicate t es for any relevant procedures to b	-
Carer's name	Signature	Date
Key person's name	Signature	Date
Setting manager's name	Signature	Date
Cotting manager o name		Build
Review completed (at 2 we	eks, 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)