Medication Health Care Plan

An individual care plan is required for any child who attends nursery on long term medication which is required to be administered during their nursery session.

Child's Name		DOB
Health Condition(s)		
Noticeable Signs & Symptoms		
Circumstances which require immediate emergency care (999) and plan of action		
Medication(s) to be administered during their hours in attendance- instructions for use		
(a separate medication form will be required for each listed medication).		
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all medication supplied to the setting must clearly show the following information ➢ Original packaging		
 Clear date of prescribed medication Child's name on prescription 		
Clear expiration dates		
Parent Details:		
Relationship to Child:		
Full Name: Address:		
Emergency Contact number:		
Secondary Emergency Contact details:		
Relationship to Child:		
Full Name: Address:		
Emergency Contact number:		
Parent Signature	Date:	
Doctor/Surgery Address & Contact Number:		