**6.8a 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 emergency for the child and what actions 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 must sign below to indicate that the information in this plan is accurate and the carer agrees for any relevant procedures to be followed.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Carer’s name |  | Signature |  | Date |  |
| Key person’s name |  | Signature |  | Date |  |
| Setting manager’s name |  | Signature |  | Date |  |

**Review completed (at 2 weeks, 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)