

## 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 <sup>st</sup> Contact name:	1 <sup>st</sup> Contact number:
2 <sup>nd</sup> Contact name:	2 <sup>nd</sup> 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	
<b>In case of an allergic reaction the following medication is to be administered</b>			
Name of medication:	Dosage:		
<b>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.</b>			
Please give details of any other treatment/action required:			

**Section B**

Medical condition:	
Signs and symptoms of medical condition needing attention (please state):	
<b>In case of an episode the following medication is to be administered</b>	
Name of medication:	Dosage:
<b>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.</b>	
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

## ENGAGING & EDUCATING CHILDREN THROUGH ACTIVITY

---

For more information please call 020 8742 4990 or go online at [www.fitforsport.co.uk](http://www.fitforsport.co.uk)

The UK's Leading School, Family and Community Childcare Provider.

Tel: 020 8742 4990 | [www.fitforsport.co.uk](http://www.fitforsport.co.uk) | Fit For Sport is registered in England with company number 3648410. Fit For Sport is part of Junior Adventures Group