## 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 healthca	re needs (give details and complete (	)4.2a 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 outdoor	3
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 situatio	n 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)