

Health care plan for [child’s or student’s name]
at [early childhood education service or school]

Time period covered by this plan:

from ____/ ____/ ____to ____/ ____/ ____

Personal/health condition details:

Name of child or young person:

Age at 01/01/__: __ yr __ m

Date of birth: ____/ ____/ ____

Gender: _____

Health condition or diagnosis:

.....
.....
.....

Child/student has the following symptoms or health needs:

.....
.....
.....

What child/student must not do because of his or her health condition:

.....
.....
.....

Daily care needs at early childhood education service/school: people, tasks, equipment:

.....
.....
.....

Family/whānau contact/s:

Parent #1:

Name:

Address:

Home phone: Work phone:

Mobile:

Parent #2:

Name:

Address:

Home phone: Work phone:

Mobile:

Other caregiver/family/whānau contact:

Name:

Address:

Home phone: Work phone:

Mobile:

Health/medical contact/s:

Keyworker:

GP:

Specialist/s:

Hospital:

ECE service or school contact/s:

Key staff members:

Classroom number/s and relevant timetable information:

.....

Emergency procedures:

An emergency is when:

.....

Emergency action (who does what):

.....

Emergency phone/contact:

Critical information for emergency services (event, location, name of caller, response required):

.....

.....

Follow up care required:

.....

Where copies of the emergencies procedures are kept (who has a copy):

.....

.....

The following forms can be attached to the health care plan:

See example attachment:

(a) Contacting emergency services

Required
Yes ☐ No ☐

(b) Medicine administration and parent permission

Yes ☐ No ☐

(c) Information sharing plan

Yes ☐ No ☐

(d) Self-administration agreement

Yes ☐ No ☐

(e) Staff training plan

Yes ☐ No ☐

See notes about other attachments to develop:

Medication log

Yes ☐ No ☐

Medical report

Yes ☐ No ☐

Conflict/disagreement resolution plan

Yes ☐ No ☐