

LITTLE COUNTRY LOVERS

MEDICAL CARE PLAN

Childs Name:

Date of birth:

Parent's contact details:

Contact details for Health Professionals involved in child's care:

Medical diagnosis:

Medical needs and details of any symptoms:

Daily requirements:

Medication:

(Medication book completed Y/N)

Physical activity:

Emergency situations:

Signatures

Parent:

Manager:

Date:

Review date: