

Child Care Plan

Child's name:

D.O.B:

Medical condition:

Symptoms:

- 1.
- 2.
- 3.
- 4.

Medication (if any and describe dosage)

Precautionary Procedure:

Emergency Procedure:

G.P Name and Address:

Parent's name (please give the name of both parents if applicable):

Contact numbers:

H:

W:

M:

Parent signature:

Date:

Staff signature:

Date: