

Health & Personal Care Plan

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Child's Name : _____

From : _____ to: _____

Date of Birth : ____/____/____

Food supplied by parent/carer: **YES/NO**

Feeding

Developmental stage	Parent/carer wishes regarding food & feeding	Food sensitivities/allergies
Known difficulties/aids	Support to be given	Other information (i.e. items supplied by parents)
Meal/Snack times & routines	Favourite foods/drinks	Food/drink dislikes
Does your child's diet require cultural/religious attention ? YES / NO <i>Please delete as required</i>	Foods NOT acceptable for cultural/religious reasons	Foods acceptable for cultural/religious reasons

Toileting

Developmental stage	Toileting support (i.e. potty training)	Parent wishes (i.e. soiled clothes)
Known difficulties/aids	Toilet hygiene & support	Items to be supplied by parents

General Hygiene

Developmental stage	Washing hands & face support (Childminder will provide cotton facecloths for face washing)	Parent wishes (i.e. soiled clothes)
Teeth brushing known difficulties/aids	Teeth brushing support	Known dental issues or fittings (i.e. braces/caps/bridges etc)
Would you like the Childminder to undertake toothbrushing? YES / NO Frequency:	If your answer was YES then please ensure that you provide the childminder with the following items: Age appropriate toothbrush Toothpaste A toothbrush storage case	Other information & care of dental fittings:

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Dressing

Developmental stage	Parents wishes regards to dress	Spare clothes held
Known difficulties/aids	Dressing Support	Other information

Sleep

Sleep routines including home:	Support to be given	What helps the child settle:
Known difficulties	Parent/Carer wishes (i.e. how long)	Other information

Mobility & Exercise

Developmental stage	Exercise & opportunities to be given	Parent wishes
Known difficulties	Support to be given	Does your child have special needs ? If Yes then please give full details in the space below:
Other Information:		

Developmental Disorders (please refer to the Learning Plan)

Type of Condition	Has this been diagnosed by a General Practitioner?	Impact medically or physical health & treatment
Impact on social, emotional & mental health, action to be taken	Other medical information:	

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Social, Emotional & Mental Wellbeing

Social interaction which the child enjoys	Opportunities to be given
Social interaction which the child dislikes	Action to be taken/support given
Known difficulties with social contact	Action to be taken/support given
Fears & Anxieties	Action to be taken/support given
Possible emotional or mental health difficulties	Action to be taken/support given
Parent/Carer's wishes / comments	Other information

Health Condition, Routine Care and Support

Description & details about child's condition	Effect on child day to day/typical patterns of the condition
Overall routine treatment & care (including Home)	Routine treatment & care to be carried out during childminding
Support/Supervision required day to day during childminding	Parent/Carer Views & other information

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Additional or "As Required" treatment, Care & Support

Situations/Times when condition is likely to worsen	Overall treatment, Care, Support required at this time	Action to be taken by Childminder
Signs/Symptoms indicating additional support/treatment required by Childminder	Additional support or medication to be given by Childminder (please stipulate medication dosages for each required)	Other Action to be taken by the Childminder
Has your child ever suffered complications to the condition that requires emergency medical attention?	At what point in the condition does your child require emergency medical attention? (please describe in detail)	

Any Other Information

Please detail below any further additional information regarding your child that the Childminder should be aware of:

Signed Parent/Carer : _____ Date : ____/____/____

Signed Childminder : _____ Date : ____/____/____