



## HETTY PRE-SCHOOL

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HETTY Manager: Mrs Denise Bowes

Deputy Manager: Mrs Sue Noden

Teacher: Mrs Su Chester B.Ed (hons)

## HETTY PRE-SCHOOL

### Child's healthcare plan

Child's full name:

Date of birth:

Date of completed form:

Review date:

**This healthcare plan and all actions will remain the same unless a parent/carer notifies HETTY in writing that there are changes to be made.**

Details of medical condition:

Medication to be taken - Please state the name of medication, dosage and frequency:

Danger signs/what to do in an emergency:

Are there any measures in place to support the child with medical management during school hours? Is there anything we should/shouldn't do?

Are any other medical professionals involved?

Other notes:

**Parental agreement**

I give permission for HETTY staff to perform first aid on my child in a medical emergency and that they should follow procedures outlined on this healthcare plan based on my child's medical needs. I agree to copies of this plan and the information contained on it to be shared with all staff who are responsible for the health and safety of my child.

Signed (parent/carer)

Print Name

Relationship to child

Date

Signed (HETTY) staff member

Print Name

Role

Date