Care requirements and consent

|  |  |
| --- | --- |
| Name of child  |  |
| Date of birth  |  |
| Contact number  |  |
| I confirm consent for medication and care to be given as laid out below and on the next page (name, relationship e.g. mother/father & signature) |  |
| Allergies – please specify  |  |
| Additional medication can be given as required e.g. paracetamol, anti-histamines (please specify)  |  |
| Other needs e.g. nappies/ incontinence pads  |  |
| Additional assistance needed e.g. help with feeding or toileting  |  |

# Key contacts (add rows as required)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name & relationship/role | Telephone number  | Address  |
| GP  |  |  |  |
| Other carer / emergency contact  |  |  |  |
| Other consultant(s) /professional(s)  |  |  |  |

#  Care and medication (add rows as required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time**  | **Medication, gastro-feed** | **Amount** | **How to give this** | **Given****(tick)**  |
| **Morning** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Lunch** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Dinner time** |
|  |  |  |  |  |
|  |  |  |  |  |