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** | | | | |
|  |  |  |  |  |
|  |  |  |  |  |