

DAVID LIVINGSTONE MEMORIAL NURSERY
PERSONAL CARE PLAN

| | | | |
|---------------------------------|----------|-------------------------------|---|
| Date completed / amended | | Nursery Start Date | |
| Child's Name | | DOB | |
| Address | | Age at start of plan | |
| Postcode | | | |
| Key Worker | | Pattern of Attendance | Mon Tue Wed Thur Fri am am am am am |
| Parent/Guardian 1 Name | | Parent/Guardian 2 Name | |
| Relationship to child | mother | Relationship to child | father |
| Address: | as above | Address: | as above |
| Post Code | | Post Code | |
| Telephone | | Telephone | |

Emergency Contacts (Not Parent/Guardian if listed above)

| | | | |
|------------------------------|--|------------------------------|--|
| Contact 1 Name | | Contact 2 Name | |
| Relationship to child | | Relationship to child | |
| Address: | | Address: | |
| Post Code | | Post Code | |
| Telephone | | Telephone | |

| | | | |
|------------------------|--|----------------------------------|--|
| LAAC Start Date | | Away from home or At Home | |
|------------------------|--|----------------------------------|--|

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Arrangements for escorting your child to/from nursery

Name of adult/adults (over 16 years) who will be responsible for escorting your child to/from nursery

Drop off and collection information

| | | | |
|---------------|--|--------------------------|--|
| Name: | | Any security information | |
| Relationship: | | | |
| Tel: | | | |
| Name: | | Any security information | |
| Relationship: | | | |
| Tel: | | | |
| Name: | | Any security information | |
| Relationship: | | | |
| Tel: | | | |

Password:

I give assurance that my child will be escorted to and from nursery by a responsible adult over the age of 16 (as named above). I am aware that it is my responsibility to notify the nursery :

1. If my child is to be collected by someone else.
2. Of any changes or new/relevant information regarding this Personal Care Plan, particularly changes to telephone/mobile numbers.
3. If my child is going to be absent from nursery.

Parent/Carer signature..... Date.....

Staff signature..... Date.....

Designation.....

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Pastoral Care Notes

| | |
|----------------------------------|--|
| Updates / pastoral notes located | Located in Child's file in the Nursery filing cabinet and in in HT's Office as appropriate Updates also on SEEMIS Click and Go. |
| Individual Learning Record | Located in Keyworkers file and in individual personal learning plans in the Nursery filing cabinet. |

| | | |
|---------------------|-----------------------------------|--|
| Copies of Care Plan | Located in nursery filing cabinet | |
| Consent Forms | Attached to Care Plan | |

Health / Medical

| | | | | |
|---------------------------------------|--------|------|-----------------------------------|------------------------------|
| GP Name | | | Public Health Nurse | |
| Address & Tel Number | | | Address & Tel Number | |
| Medical Condition | | | Prescribed Medicine for condition | |
| Record of Medication | Yes/No | Date | Located | Playroom – Medication folder |
| Health Care Procedure | Yes/No | Date | Located | Playroom – Medication folder |
| Allergies and/or Dietary Requirements | | | Treatment | |

| | | | | |
|--|---------------------------|-------------------------|---------|--|
| Child Protection/Care & Welfare Concerns | Yes/No (please circle) | CP Registered Yes/No | Located | Child's file in CP file in Head's office |
|--|---------------------------|-------------------------|---------|--|

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Staged Intervention

| S1 | Date | S2 | Date | S3 | Date | S4 | Date |
|--------------------------|---------------------------|------|---------|--|------|----|------|
| Request for Assistance | Yes/No (please circle) | Date | Located | In child's Confidential File in HT's office | | | |
| Single Agency Assessment | Yes/No (please circle) | Date | Located | In child's Confidential File in HT's office | | | |
| Additional Support Plan | Yes/No (please circle) | Date | Located | In child's Confidential File in HT's office and stored electronically in Nursery File- Asps on the computer. | | | |
| Additional Support Needs | | | | | | | |

Parent/Carer signature..... Date.....

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Diet

| | |
|---|----|
| Does your child or family follow a particular diet? | No |
| If yes, please provide details. | |

Language

| | |
|---|----|
| Are there any languages other than English spoken at home | No |
| If yes, which is the child's main language? | |

Outings

| | |
|--|-----|
| Are you happy for your child to participate in small group, local outings/ walks etc | Yes |
|--|-----|

Photography

| | |
|--|--|
| Are you happy for your child to be photographed/videoed? | Within the nursery Yes When on nursery visits/outings Yes |
|--|--|

Sun Protection

| | |
|---|----|
| Does your child suffer from any skin conditions or allergies? | No |
| If yes, please provide details | |

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Are you happy for your child to have
sunscreen applied at nursery

Yes

I am happy for the Nursery to provide
sunscreen (Asda Sun System is used)

Yes

Signature of Parent