



Healthcare Plan

Child's name:	
Medical condition or diagnosis:	
Details of child's condition:	
What must staff at Pippins be aware of? Or what triggers this condition?	
When must parents be contacted?	
Name of medicine to be administered	
When should medicine be administered?	
How often can medicine be administered?	
Is there any other information that staff should be aware of?	
Hospital clinic or medical professional details: (if applicable)	
Parent's signature:	
Parent's name:	
Date:	

Office use only:

Date received:	Risk assessment required? Yes / No
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