|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name: |  |  | **Insert recent photo of Child** |
| Known as (if different): |  |  |
| Child’s date of birth: |  |  |
| Children’s home: |  |  |
| Placement start date: |  |  |
| Child’s Keyworker: |  |  |
| Date of last medication review: |  |  |
| Date of last CLA medical: |  |  |
| Current weight:  |  |  |
| NHS number:  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Known allergies:** |  | **Any Controlled Drugs:** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **LAC Nurse:**  |  | **GP:** |
| Name: |  |  | Name: |  |
| Address: |  |  | Address: |  |
| Tel No: |  |  | Tel No: |  |
| Email: |  |  | Email: |  |

|  |  |  |
| --- | --- | --- |
| **Dentist:** |  | **Optician:** |
| Name: |  |  | Name: |  |
| Address: |  |  | Address: |  |
| Tel No: |  |  | Tel No: |  |
| Email: |  |  | Email: |  |

|  |  |  |
| --- | --- | --- |
| **Hospital Consultant:** |  | **Pharmacist:** |
| Name: |  |  | Name: |  |
| Address: |  |  | Address: |  |
| Tel No: |  |  | Tel No: |  |
| Email: |  |  | Email: |  |

|  |  |  |
| --- | --- | --- |
| **Podiatrist:** |  | **Community Paediatrician:** |
| Name: |  |  | Name: |  |
| Address: |  |  | Address: |  |
| Tel No: |  |  | Tel No: |  |
| Email: |  |  | Email: |  |

|  |  |  |
| --- | --- | --- |
| **Speech & Language Therapist:** |  | **Continence Services:** |
| Name: |  |  | Name: |  |
| Address: |  |  | Address: |  |
| Tel No: |  |  | Tel No: |  |
| Email: |  |  | Email: |  |

|  |  |  |
| --- | --- | --- |
| **School Nurse:** |  | **Occupational Therapy:** |
| Name: |  |  | Name: |  |
| Address: |  |  | Address: |  |
| Tel No: |  |  | Tel No: |  |
| Email: |  |  | Email: |  |

|  |  |  |
| --- | --- | --- |
| **Educational Psychologist:** |  | **CAMHS** |
| Name: |  |  | Name: |  |
| Address: |  |  | Address: |  |
| Tel No: |  |  | Tel No: |  |
| Email: |  |  | Email: |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name: |  |  | Name: |  |
| Address: |  |  | Address: |  |
| Tel No: |  |  | Tel No: |  |
| Email: |  |  | Email: |  |