|  |  |  |  |
| --- | --- | --- | --- |
| 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: |  |  |  |

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

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| --- | --- | --- | --- | --- |
| **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: |  |

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| --- | --- | --- | --- | --- |
| **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: |  |