Key:

|  |  |  |
| --- | --- | --- |
| Some elements need amending and updating | Some elements are missing/ need updating soon | Complete and up to date |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Child |  | Completed by |  |
| Children’s Home |  | Role/Designation |  |
| Date completed |  | Date to be reviewed |  |

|  |  |
| --- | --- |
| **Document** | **Notes R-A-G rating** |
| Health Summary Sheet on file |  |
| Health Summary sheet updated within last month |  |
| Health Care Plan on file |  |
| Weight/Height recorded monthly |  |
| Bowel Chart |  |
| Copy of SDQ on file and recently reviewed |  |
| Last appointment – Doctors |  |
| Last appointment – Dentist |  |
| Last appointment – Opticians |  |
| CLA medical – dates due |  |
| Copy of CLA medical on file |  |
| Consent for emergency medical treatment |  |
| Consent for first aid |  |
| Consent for prescribed medication |  |
| Self-medication risk assessment on file |  |
| Appointment log completed |  |
| Immunisations up to date |  |
| Medical correspondence |  |
|  |  |