T.A.S.C.

CHILDRENS CARE PLAN

Child’s name:…………………………………… DOB:………..……... Start date:………….……….

School:……………………………………. Class:……………. Teacher:…………………………….…….

GP Name:……………………………… Address:…………….…………………..Tel No:……………….

Allergies:…………………………………………………………………………………………………………..

Special dietary requirements ………………………………………………………………………….

Medical conditions:.………………………………………………………………………………………….

Medication:……………………………………………………………………………………………………….

Is this medication long term: Yes/No

When did your child start using this medication:………………………………………………..

Additional support needs (if applicable):…………………………………………………………...

Additional parties with an interest in your child’s care and development:….………..

………………………………………………………………………………………………………………………...

…………………………………………………………………………………………………………………….......

Child’s likes/dislikes/fears/aspirations:..……………………………………………………….…

………………………………………………………………………………………………………………………...

…………………………………………………………………………………………………………………….......

…………………………………………………………………………………………………………………….......

How the staff and management at T.A.S.C. will support your child’s individual learning and development:……………………………………………………………………………......

………………………………………………………………………………………………………………………...

………………………………………………………………………………………………………………………...

…………………………………………………………………………………………………………………….......

………………………………………………………………………………………………………………………...

Additional information: …………………………………………………………………………………….

…………………………………………………………………………………………………………………….......

………………………………………………………………………………………………………………………...

………………………………………………………………………………………………………………………...

………………………………………………………………………………………………………………………...

Completed by: Parent..………………………………………………………………………………………

Print Name: ………..…………………………………………………………..Date:…..……………...…….

Staff Member(s): ……………………………….……………………………………………………………...

Print Name(s):………..…………………….…………………………………Date:…..……………...…….

FOLLOW UP DATES

|  |  |  |
| --- | --- | --- |
| DATE | PARENT/CARER | STAFF MEMBER |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

T.A.S.C. CARE PLAN CHILD’S SHEET

Name ……………………………………………………………………………………………………………….

I like: ……………………………………………………………………………………………………………….........….

…………………………………………………………………………………………………………………….......

………………………………………………………………………………………………………………………...

I dislike:

…………………………………………………………………………………………………………………….......

………………………………………………………………………………………………………………………...

…………………………………………………………………………………………………………………….......

………………………………………………………………………………………………………………………...

My special friends are: ……………………………………………………………………………………...

………………………………………………………………………………………………………………………...

………………………………………………………………………………………………………………………...

………………………………………………………………………………………………………………………...

If there is anything you would like to add or suggest that we at the after school care could do to make you time here better then please add it here:

………………………………………………………………………………………………………………………...

………………………………………………………………………………………………………………………...

………………………………………………………………………………………………………………………...

………………………………………………………………………………………………………………………...

Childs signature: …………………………………………………. Date: ………………………………...

Staff members signature: …………………………………….. Date: …………………………………