**The Children Act 1989**

**Private Arrangements for Fostering Regulations 1991**

**Notification of Private Fostering**

**Child’s Health Record - PFMED**

* one visit every three months in the second and subsequent years of placement.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Child** |  | **DoB** |  |
| **Name of GP** |  | | |
| **Address of GP** |  | | |
| **Tel No of GP** |  | | |
| **Name of HV** |  | | |
| **Address of HV** |  | | |
| **Tel No of HV** |  | | |

|  |  |  |
| --- | --- | --- |
| **Immunisations** | | |
| DTP & Polio 1 | Date |  |
| DTP & Polio 2 | Date |  |
| DTP & Polio 3 | Date |  |
| MMR | Date |  |
| BCG | Date |  |
| Pre-school Booster | Date |  |
| Any other | Date |  |
|  | Date |  |
| Any reaction to the above |  | |

|  |  |  |
| --- | --- | --- |
| **Illnesses** | | |
| Chicken pox | Date |  |
| Whooping cough | Date |  |
| Scarlet Fever | Date |  |
| German measles | Date |  |
| Measles | Date |  |
| Mumps | Date |  |
| Others (please state) | Date |  |
|  | Date |  |
| Allergies - Food |  | |
| Allergies - Medicines |  | |

|  |  |
| --- | --- |
| Is the child currently receiving any medication? | Yes/No |
| If yes, please give details: | |
| Disablities/special conditions (known or suspected): | |
| Hospitalisation | Yes/No |
| If yes, please give details: | |

DEVELOPMENT DATE RESULT REFERRAL FOLLOW UP

6 Weeks

7 Months

18 Months –

2½ Years

3½ Years

Pre School

Completed by

Relationship to child

Dated