



Date :

RE D.O.B / / NHS:

Enclosed is an Advance Care Plan (ACP) for the above named child, which details the care he/she needs in the case of an emergency . Ambulance Control are also aware of the ACP , and is flagged up under the child's home address.

I will require receipt that you have received the document , either by fax (if secure) to the above number or my e-mail which is :

Your sincerely ,

Print name :

.....

I confirm receipt of the Advance Care Plan for , and will file appropriately .

Professional signature :

Print Name :

Designation :

Location :