HEALTH CARE PLAN FOR A PUPIL

Name:			Year Group/Class:		
Date of Birth:		Date:		Review Date:	
Address:					
Medical Diagnosis or Condition/s:					
Photograph:					

CONTACT INFORMATION

Family Contact 1 Family Contact 2

Name:		Name:	
Phone No: Mobile:		Phone No: Mobile:	
Work:		Work:	
Home:		Home:	

GP

Clinic/Hospital contact

Name:		Name:	
Address:		Address:	
Phone No:		Phone No:	

Describe condition and give details of pupil/staff member individual symptoms:

Daily care requirements: (e.g. before sport, at lunchtime etc.)

Name of medication, dose, method of administration, when to be taken and any side effects (if relevant)

Describe what constitutes an emergency for the pupil/staff member and the action to take if this occurs:

Follow up care:

Who is responsible in an Emergency: (state if different for off-site activities)

School Representative

Name: Mr. Dean Hudd

Position: Headteacher

Signature:

Date:

Parent/Carer of Pupil

Name:

Relationship to Pupil:

Signature:

Date:

Reviewed:

Date	Signed	Notes

NOTE:

Please be aware of the confidential nature of this information, do not leave around. Be discreet and DO get permission from the parent or carer (·) prior to copying information or exhibiting photographs in medical rooms etc