Health Care Plan

Name of school/setting Child’s name Group/class/form

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| The Stoke Poges School |
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Date of birth Child’s address

Medical diagnosis or condition Date

Review date

# Family Contact Information

Name

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Phone no. (work) (home)

(mobile) Name

Phone no. (work) (home)

(mobile)

# Clinic/Hospital Contact

Name Phone no. **G.P.**

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Name Phone no.

Describe medical needs and give details of child’s symptoms

Daily care requirements *(e.g. before sport/at lunchtime)*

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

Who is responsible in an emergency *(state if different for off-site activities)*

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