

Health Care Plan

Name of school/setting		
Child's name		
Group/class/form		
Date of birth		
Child's address		
Medical diagnosis or condition		
Date		
Review date		
Contact Information	Family Contact 1	Family Contact 2
Name		
Address		
Phone Number (Home)		
(Work)		
(Mobile)		
Clinic/Hospital Contact		
Name		
Phone Number		
GP Details		
Name		
Phone Number		

Describe medical needs and give details of child's symptoms	
Daily care requirements (<i>e.g. before sport/at lunchtime</i>)	
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 (<i>state if different for off-site activities</i>)	
Form copied to:-	