

## WEST SUSSEX COUNTY COUNCIL CHESSWOOD JUNIOR SCHOOL

Chesswood Road Worthing West Sussex BN11 2AA *Head Teacher: Mr Andrew Jolley* 

CHESSWOOD JUNIOR SCHOOL

## **Student Health Care Plan**

Name:							
Address:							
Date of Birth	Date of Birth:						
Name of Sch	Name of School:						
Class: Medical Diag	gnosis or C	ondition:					
Date plan dr Review date							
CONTACT INFORMATION							
	Family Contact 1		Family Contact 2				
Name		ontaot i	Name		Jonaot 2		
Phone No.	Home		Phone No.	Home			
	Mobile			Mobile			
	Work			Work			
	Clinia/Haan	ital contact		CD C	antaat		
Name	Clinic/Hospital contact		GP Contact Name				
Phone			Phone				
1 110110			1 110110				
Des	cribe medi	cal condition and give d	letails of pup	il's individ	lual symptoms:		

Daily care requirements (e.g. before sport/a	t lunchtime):
Daily care requirements (e.g. before sporta	t idiiciidiile).
Describe what constitutes an emergency for the pupil, and the	e action to be taken if this
occurs:	
Follow up care:	
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Monitoring and review.	
Who is responsible in an emergency (State if different on off-	site activities)
Class teacher	
TA	
Medical Staff	
Signod	
Signed: Parent/carer	Date
I alciiv Calci	Date
School Lead	Date