



### Student Health Care Plan

**Name:**

**Address:**

**Date of Birth:**

**Name of School:**

**Class:**

**Medical Diagnosis or Condition:**

**Date plan drawn up:**

**Review date:**

**CONTACT INFORMATION**

Family Contact 1			Family Contact 2		
Name			Name		
Phone No.	Home		Phone No.	Home	
	Mobile			Mobile	
	Work			Work	

Clinic/Hospital contact		GP Contact	
Name		Name	
Phone		Phone	

**Describe medical condition and give details of pupil's individual symptoms:**

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

**Describe what constitutes an emergency for the pupil, and the action to be taken if this occurs:**

**Follow up care:**

Monitoring and review.

**Who is responsible in an emergency (State if different on off-site activities)**

Class teacher  
TA  
Medical Staff

**Signed:**

Parent/carer..... Date.....

School Lead ..... Date.....