



Student Health Care Plan

Name:

Address:

Date of Birth:

Name of School:

Class:

Medical Diagnosis or Condition:

Date plan drawn up:

Review date:

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:

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

Signed:

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

School Lead Date.....