

Health Care Plan

Name of school/setting

KINGSWAY PRIMARY SCHOOL

Child's name

Group/class/form

Date of birth

/ /

Child's address

Medical diagnosis or condition

Date

/ /

Review date

/ /

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

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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