|  |  |
| --- | --- |
| **Name** |  |
| **Date of birth** |  |
| **Condition** |  |
| **Class** |  |



**Healthcare plan for pupil with medical needs**

|  |  |
| --- | --- |
| **Date** | **September 2020** |
| **Next date of review** | **September 2021** |
| This is the next review date made by school, if you have any updates please inform school so any changes can be made for your child |

|  |  |
| --- | --- |
| **Family Contact 1** | **Family Contact 2** |
| **Name** |  | **Name** |  |
| **Telephone (work)** |  | **Telephone (work)** |  |
| **Telephone (mobile)** |  | **Telephone (mobile)** |  |
| **Relationship to child** |  | **Relationship to child** |  |

|  |
| --- |
| **Hospital/clinic contact** |
| **Name** |  |
| **Telephone** |  |

|  |
| --- |
| **GP Contact**  |
| Name |  |
| Telephone |  |

|  |
| --- |
| **Describe 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 take if this occurs** |
|  |

|  |
| --- |
| **Follow up care** |
|  |

|  |
| --- |
| **Who is responsible in an EMERGENCY: (state if different on off-site activities)** |
|  |

Form copied to:

SENCO

Class teacher/Teaching Assistant

Parent