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



**Healthcare plan for pupil with medical needs**

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| --- | --- |
| **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 | |

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| --- | --- | --- | --- |
| **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 |  |

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| --- |
| **Describe condition and give details of pupil’s individual symptoms** |
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| **Daily care requirements: (e.g. before sport/at lunchtime)** |
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| **Describe what constitutes an emergency for the pupil, and the action to take if this occurs** |
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| **Follow up care** |
|  |

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

Form copied to:

SENCO

Class teacher/Teaching Assistant

Parent