



Health Care Plan

Child's Name	
Class	
Date of Birth	
Child's Address	
Medical diagnosis or condition	
Expiry Date of Medication	

Family contact Information

Mother's Name	
Phone Numbers (Home) (Work) (Mobile)	
Father's Name	
Phone Numbers (Work) (Mobile)	
GP Name Phone Number	

Describe medical needs and give details of child's symptoms

Daily care requirements (eg. Before sport / at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs

Care whilst awaiting medical assistance

Form agreed and signed

I agree to my child's image/photo and medical information being displayed in the school in order to alert & inform all staff.

..... Parentdate

.....Headteacherdate
