

Healthcare Plan



Name of School	
Child's Name (legal)	
Tutor Group	
Date of Birth	
Child's Address	
Gender (legal)	
Child identifies as (where applicable)	
Medical Diagnosis or Condition	
Date	
Review date	

Healthcare Plan



FAMILY CONTACT INFORMATION

Name	
Relationship to child	
Phone no.	
Parental responsibility (Y/N)	

EMERGENCY CONTACT INFORMATION/ ADDITIONAL FAMILY INFORMATION

Name	
Relationship to child	
Phone no.	
Parental responsibility (Y/N)	

Clinic/Hospital Contact		GP	
Name		Name	
Phone No.		Phone No.	

Healthcare Plan



MEDICAL INFORMATION AND CARE PLAN

Who is responsible for providing support in school and role	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc	
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision	
Daily care requirements	
Specific support for the pupils educational, social and emotional needs	
Arrangements for school visits/trips etc	
Other information/ comments	
Describe what constitutes an emergency, and the action to take if this occurs	
Who is responsible in an emergency (state if different for off-site activities)	
Plan developed with	
Staff training needed/undertaken- who, what, when	
Form copied to	

Healthcare Plan



Additional Information: