

Individual Healthcare Plan	
Name of Child:	
Registration Group/Year Group:	
Child's Date of Birth:	
Address of Child:	

Current Medical Diagnosis/ Condition:	
Review Date:	Annually or as reported by parent

Name of Family Contact:	
Relationship of Family Contact:	
Contact's Home Tel No:	
Contact's Work Tel No:	
Contacts Mobile Tel No:	

Clinic/Hospital Contact Name:	
Telephone No:	
Name of GP:	
GP's Telephone No:	

Describe child's medical needs and provide details of child's symptoms, triggers, signs,
--

treatments, facilities, equipment or devices, environmental issues etc:

Daily care requirements, eg, before sports, at lunchtime etc

Describe what constitutes an emergency for the child and action to be taken if it occurs

Follow-up Care
Ongoing/As required

Who is responsible in an emergency? (State if different for off-site activities)			
Signature:		Date:	

This care plan will be held in the Medical Room. Staff can access this as required.