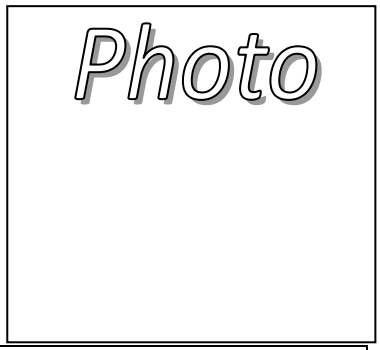
Garton on the Wolds CE VC Primary School

Individual Healthcare Plan



School:	

Child's Name:	
Group/Class:	
Date of Birth:	
Child's Address:	
Medical Diagnosis or Condition:	
Date:	
Review Date:	

CONTACT INFORMATION

Family contact 1:		**Family contact 2:**	
Name:		Name	
Phone (work)		Phone (work)	
(home)		(home)	
(mobile)		(mobile)	

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

Describe medical needs and give details of child's symptoms:

Daily care requirements: (e.g. before sport/at lunchtime)
Describe what constitutes an emergency for the child/what action to take if this occurs:
Follow up care:
Who is responsible in an Emergency: (State if different for off-site activities)
Form copied to: ☐ Admin team / pupil file ☐ Class teacher and support staff ☐ Pupil information file for supply teachers ☐ School nurse ☐ Parents ☐ Physio ☐ OT