

# Health Care Plan for:

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DOB

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**Health Care Plan – Managing Medicines**

Name of school .....

Child's name .....

Form class .....

Date of birth .....

Child's address .....

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Medical diagnosis or condition .....

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**Family information/emergency contact**

1. Parent/carer .....

Phone no. (home) .....

(work) .....

(mobile) .....

2. Emergency contact (name) .....

Phone no. (home) .....

(work) .....

(mobile) .....

**Health contact**

Name .....

Phone no .....

**G.P.**

Name .....

Phone no .....

