



Appendix B

Form C - Health Care Plan

Child's Name	
Class	
Date Of Birth	
Address	
Medical Diagnosis or Condition	

Family information/Emergency Contact

Name of Parent/Carer	
Phone No (Home)	
(Work)	
(Mobile)	
Name of Emergency Contact	
Phone No (Home)	
(Work)	
(Mobile)	
Name of Health Contact	
Phone No	
Name of GP	
Phone No	

Who is responsible for providing support in school	
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Describe medical needs and give details of your 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 management of medication (including emergency care e.g. before sport/at lunchtime

Additional advice from relevant health care professionals (e.g. specialist nurse etc)

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Level of support needed

Arrangements for school visits/trips etc

Individual Risk Assessment required YES NO

Other information

Describe what constitutes an emergency, and the action to take if this occurs/what could the consequences be?

Who is responsible in an emergency (*state if different for off-site activities*)

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Plan developed with

Staff training needed/undertaken – who, what, when

Who in school needs to be aware of the child's needs? i.e. SLT or ALL

Teacher signature: _____ Date: _____

Parents/Carers signature: _____ Date: _____

_____ Date: _____

Headteacher signature: _____ Date: _____

Reviewed and updated

Autumn 1	<input type="checkbox"/>	Autumn 2	<input type="checkbox"/>
Spring 1	<input type="checkbox"/>	Spring 2	<input type="checkbox"/>
Summer 1	<input type="checkbox"/>	Summer 2	<input type="checkbox"/>