

Health Care Plan (this should be regularly reviewed)

Name of school

Child's name

Class

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

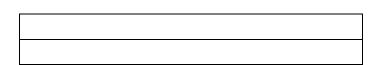
Phone no.

G.P.

Name

Phone no.

St Ann's Catholic Primary School, McIntyre Road, Stocksbridge, Sheffield, S36 1DQ			
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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, and the action to take if this occurs

Follow up care

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

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