

# LITTLE CHALFONT PRIMARY SCHOOL

## Healthcare Plan for a Pupil with Medical Needs

Name .....

Date of Birth .....

Condition .....

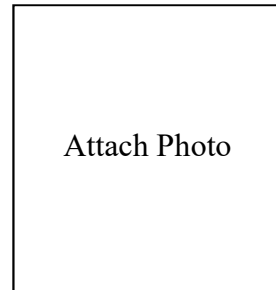
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Class/Form.....

Date .....

Review date .....

Name of School .....



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### CONTACT INFORMATION

#### Family contact 1

Name.....

Phone No. (work).....

(home) .....

Relationship .....

#### Family contact 2

Name .....

Phone No. (work) .....

(home).....

Relationship .....

#### Clinic/Hospital contact

Name .....

Phone No .....

#### G.P.

Name .....

Phone No.....

Describe condition and give details of pupil's individual symptoms:

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PTO

Daily Care requirements: (before sport/at lunchtime)

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Describe what constitutes an emergency for the pupil, and the action to take if this occurs:

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Follow up care:

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Who is responsible in an Emergency (state if different on off-site activities)

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Form copied to:

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**I give/ do not give permission for my child's Healthcare Plan to be displayed in the medical room.**

**Signed..... (Parent/ Guardian)**