

School Health Care Plan

School Health Care Plan for:

Child's name	
Date of birth	
Class/form	
Home address	
Date condition was diagnosed	

Family Contact Information

Parent/Carer name	
Phone numbers:	Please tick the number that is your preferred contact
Home	
Mobile	
Work	
Second emergency contact:	
Name & relationship to child	
Phone numbers:	Please tick the number that is your preferred contact
Home	
Mobile	
Work	

GP Details

Name of GP and practice	
Phone number	

Clinic/Hospital Contact (if applicable)

Name of consultant	
Phone number	

School Health Care Plan

Parents/Carers please remember it is your responsibility to:

- Tell school about any changes in your child's condition, including medication
- Ensure that your child has a reliever medication and spacer in school with them and that it is clearly labelled with their name
- Ensure that your child's medication has not expired

Request for a child to carry their own medication

To be completed by parent/carer

Name of school	
Child's name	
Class/form	
Home address	
Name of medicine	
Procedure to be taken in an emergency	

Contact Information

Name	
Daytime phone number	
Relationship to child	

School Health Care Plan

I would like my child to keep their medication on themselves for use as necessary

Signed	
Print name	
Relationship to pupil	
Date	

Describe how (enter condition) affects your child, including their typical symptoms and triggers

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What are your child's daily care requirements? Include the name of their medication, the dose and how often it is required

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Describe what an attack looks like for your child and the action to be taken

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School Health Care Plan

Who is to be contacted in an emergency? Ensure all contact details are shared

Copies to:

**Please return this completed form either in hard-copy to the school Reception,
or by email to admin@hungerhillschool.com**

Completed By:

Date Completed:

Review Date: