



Ombersley Endowed First School and Pre School

Health Care Plan for pupils with Medical Needs

Name:	
Address:	
Date of Birth:	
Class/Year Group:	
Medical Condition:	
Date Care Plan drawn up:	
Review Date:	
Contact information:	<p><u>Family Contact 1</u></p> <p>Name:</p> <p>Phone No:Work:</p> <p>Home:</p> <p>Mobile:</p> <p>Relationship:</p> <p><u>Family Contact 2</u></p> <p>Name:</p> <p>Phone No:Work:</p> <p>Home:</p> <p>Mobile:</p> <p>Relationship:</p>

G.P.	Name: Phone No: Surgery Address:
Clinic/Hospital Contact:	Name: Phone No: Hospital Address:
Describe medical condition and give details of pupil's individual symptoms:	
Daily care requirements and medication:	
Describe what constitutes an emergency for the pupil, and that action to be taken if this occurs:	
Follow up care:	

Who is responsible in an emergency (State if different on off-site activities):	
Signed: Parent/Carer: Date: Head teacher: Date:	