

## SCHOOL HEALTH CARE PLAN

## Stanley Park Junior School, Stanley Park Road, Carshalton, Surrey SM5 3JL

Child's name	
Class from September	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	

## FAMILY CONTACT INFORMATION

Name	
Relationship to Child	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

## CLINIC/HOSPITAL CONTACT

Name	
Phone no.	
G.P.	
Name	
Phone no.	

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

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

Other information

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

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

Plan developed with

Staff training needed/undertaken - who, what, when

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Reviews			
Y4 - September			
Y5 - September			
Y6 - September			