

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		
	e details of child's symptoms, triggers, signs, t or devices, environmental issues etc	
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		

Arrangements for school visits/trips etc		
Other information		
Describe what constitutes an emergency	, and the action to take if this occurs	
Who is responsible in an emergency (sta	te if different for off-site activities)	
Plan developed with		
Staff training needed/undertaken - who	, what, when	
For Office Use Only.		
Form Copied to:		
Rev	iews	
Y4 - September		
Y5 - Deptember		
Y6 - September		